



Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Application for Credit

Cimberio Valve Co. Manufacturer's Representative: \_\_\_\_\_

#### Billing Name/Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Shipping Name/Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Contact Information

Business Name: \_\_\_\_\_

Fax: \_\_\_\_\_

Phone: \_\_\_\_\_

A/P Fax: \_\_\_\_\_

A/P Phone: \_\_\_\_\_

E-mail/Web Address: \_\_\_\_\_

Tax Resale Certificate #: \_\_\_\_\_

\_\_\_\_\_

President: \_\_\_\_\_

Phone: \_\_\_\_\_

Finance Manager: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Business Information

(circle one): Sole Owner Partnership Corporation

Parent Co. Name: \_\_\_\_\_

Federal ID #: \_\_\_\_\_

State Tax Exempt #: \_\_\_\_\_

DUNS #: \_\_\_\_\_

State of Inc.: \_\_\_\_\_ Date of Inc.: \_\_\_\_\_

#### Name(s) of Owner, Partners, or Corporate Officers

Position: \_\_\_\_\_

Position: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Social Security #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Has any principal of your company filed for bankruptcy? (circle one) Yes No If yes, when? \_\_\_\_\_

Has this company ever filed for bankruptcy? (circle one) Yes No If yes, when? \_\_\_\_\_

Own or Rent Premises: \_\_\_\_\_ Name of Mortgage Holder or Landlord: \_\_\_\_\_

Annual Sales: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Anticipated Monthly Purchases from Cimberio Valve Co.: \_\_\_\_\_ Credit Limit Requested: \_\_\_\_\_

# Application for Credit

## Bank Reference

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Account Name: \_\_\_\_\_  
 \_\_\_\_\_ Account #: \_\_\_\_\_  
 Loan Officer: \_\_\_\_\_  
 Loan Balances: \_\_\_\_\_

## Trade Reference

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

|                               |  |            |
|-------------------------------|--|------------|
| Cimberio Payment Term: Net 30 | <b>Cimberio Freight Allowed Terms:</b> |            |
|                               | Valves:                                | \$1,200.00 |
|                               | FASTLOCK™ Fittings:                    | \$3,000.00 |

With the signature of the officer below it is understood all information provided is true and correct. It also gives Cimberio Valve Co. the authorization to check the credit references provided. This signature also means the company you represent will comply with all terms and conditions set forth by Cimberio Valve Co. The undersigned individual who is either a principal of the credit applicant or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above named business credit grantor, from time to time as may be needed, in the credit evaluation process.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_