

# CREDIT APPLICATION FORM

Please Fill Out Application Completely  
Fields marked with (\*) are Required

Please Submit Completed Application to:

E-mail: servapure@servapure.com

Fax: 989-892-1092

Phone: 989-892-7745 or 800-338-4905

## Company Information

Legal Business Name \*

Parent/Affiliated Companies (if applicable)

Person Responsible for Approving Invoices \* \_\_\_\_\_ E-mail \* \_\_\_\_\_

Person Responsible for Paying Invoices \* \_\_\_\_\_ E-mail \* \_\_\_\_\_

### Attach Copy of Current W-9 or Complete the Following

\* W-9 Attached or  \* Filled Out Below

Federal Tax ID# \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Type of Business  Corporation  Partnership  Proprietorship  L.L.C.  P.L.C.

Years in Business \* \_\_\_\_\_ In Business Since \_\_\_\_\_ (Businesses Under 5 Years Old May Require Personal Guarantee)

## Credit Limit Requested

\$2,500 Credit Limit (Please Sign Bottom of this Page and Skip Page #2 of This Application Form)

or

Other \$ \_\_\_\_\_ (Please Complete Page #2 of this Application Form, Additional Information May Be Requested)

## Terms Requested

Net 30 Days (Default Terms in Most Cases)

or

Other Terms \_\_\_\_\_ (Please Complete Reason for Request)

Reason \_\_\_\_\_

## Sales Tax Exempt

Purchases are Taxable

or

Sales Tax Exempt, E-mail \_\_\_\_\_ (E-mail will Be Sent With Sales Tax Exempt Form to Here)

I hereby certify that the information contained herein is complete and accurate. The information has been furnished with the understanding that it is to be used to determine the conditions of credit to be extended. Furthermore, I hereby authorize the financial institutions supplied with this credit application to release necessary information to the company for which the credit is being applied for in order to verify the information contained herein.

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

Print \_\_\_\_\_ E-mail \_\_\_\_\_

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## Business Trade References (Complete All Fields and Provide At Least Two References or Attach Your Own Sheet)

\* Business: \_\_\_\_\_

\* Contact Person: \_\_\_\_\_

\* Address: \_\_\_\_\_

\* City, State Zip: \_\_\_\_\_

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

\* E-mail: \_\_\_\_\_

\* Account #: \_\_\_\_\_

\* Business: \_\_\_\_\_

\* Contact Person: \_\_\_\_\_

\* Address: \_\_\_\_\_

\* City, State Zip: \_\_\_\_\_

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

\* E-mail: \_\_\_\_\_

\* Account #: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

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

City, State Zip: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Account #: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

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

City, State Zip: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Account #: \_\_\_\_\_

## Bank References (Complete All Fields and Provide At Least One Reference or Attach Your Own Reference Sheet)

\* Bank Name: \_\_\_\_\_

\* Contact Person: \_\_\_\_\_

\* Address: \_\_\_\_\_

\* City, State Zip: \_\_\_\_\_

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

\* E-mail: \_\_\_\_\_

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

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

Contact Person: \_\_\_\_\_

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

City, State Zip: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

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

Please complete this Page #2, if required.

Alternatively, you can also attach your own sheet of references and return that with completed Page #1.