

(Mailing Address) P.O. Box 987 Douglas, WY 82633 (Shipping Address) 160 HWY 59 Douglas, WY 82633

(PHONE) 307-358-2098
(EMAIL) accounting@bisonpumpandsupply.com

Please fill out completely, sign & email to accounting@bisonpumpandsupply.com Business Name Phone# **Delivery Address** _____ **Fax#** _____ Billing Address City ______ State_____ Zip Code_____ Years in Business _____ Type of Business ______ Type Of Ownership: \square Individual \square Partnership \square Corporation Accounts Payable Contact Email ______ Principal Owners or Stockholders _____



LIST 3 REFERENCES YOU HAVE PURCHASED FROM IN THE PAST YEAR:

NAME			
ADDRESS			
PHONE#			
EMAIL			
NAME			
ADDRESS			
PHONE#			
EMAIL			
NAME			
ADDRESS			
PHONE#			
EMAIL			



A current W-9 and tax exempt certificate (if applicable) should be included in the documents returned with this application.

Are You Taxable: YES N	10
Are Job Names Required: YES_	NO
Are Purchase Orders Required:	YES NO
Federal Tax ID#	
Please list names of authorized bu	ıyers



Credit Terms for Bison Pump and Supply Inc.

- i) All invoices are Net 30 unless other arrangements have been made.
- ii) There is a fee assessed on all credit card payments.
- iii) Applicant understands and agrees that, should credit be extended, all payments are due per terms listed above, and that any past due amounts are subject to further charge at a rate of 1.5% per month. Applicant further agrees to pay all finance charges; cost of collections and reasonable attorney fees incurred for the collection, should this credit come in default.

Signing this agreement indicates applicant's acceptance of the terms and conditions as stated. In addition, applicant authorizes Bison Pump and Supply Inc. to make any and all inquiries necessary to process this credit application.

Signature	Date	Position	