## **CREDIT APPLICATION**



Company Contact Informat	<u>ion</u>			filtrationspec.con
Operating Company Name:				
Legal Company Name: (if different than a	pove)			
Physical Street Address:	Cit	ry:	State:	Zip:
Phone Number:		Fax Number:		
Taxable / Non-Taxable Infor	mation			
If your company is non-taxable, please ma https://comptroller.texas.gov/forms/01-33		y of your Texas Sales and	Use Tax Resale Co	ertificate.
Taxable Non-	Taxable	Tax Resale Number		
Billing Information				
Filtration & Hose Specialties, LLC prefers that they will be delivered at time of delivered a				
Accounts Payable Contact Name:		Accounts Payable Ph	none Number:	
Accounts Payable E-mail Address:				
Business Credit and Bank I	nformation			
Name On Bank Account:		Name Of Bank:		
Address:	City	State		Zip
Account Contact:	Phone:		Contact E-mail:	
Trade References				
Company Name:	Company Name:		Company Nan	ne:
Address:	Address:		Address:	
City State:	City	State:	City	State:
Phone:	Phone:		Phone:	
e-mail:	e-mail:		e-mail:	
1. All invoices are due no later than 30 d 2. All invoices over 45 days will be assess 3. If a P.O. number is required, it must 4. By submitting this application, Filtration trade references provided.	sed a 1.5% monthly serven be provided prior to r	ice charge. eceiving any products.		anking and business

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

5. E-mail completed form as an attachment to linda@filtrationspec.com

**Print Form**