



American Backflow Specialties, Inc.®

Master Wholesale Distributor

2860 Market Street, San Diego, CA 92102-3105

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orderdesk@americanbackflow.com | www.americanbackflow.com

CREDIT APPLICATION

Business Name: _____

Mailing Address: _____

Street Address: _____

Phone: _____ Fax: _____ Email: _____

Type of Business: _____

This business is a Corporation a Partnership a Sole Proprietorship a Limited Partnership

Year established under the above name: _____ At present location since: _____

Purchase order required Yes No Accounts Payable Contact: _____

Taxable or Resale If resale, please attach a copy of a valid certificate.

Please list Officers, Owners, or Proprietors (names and titles)

1. _____
2. _____
3. _____

Please list three major Trade References (open accounts only) * Include fax numbers to speed up application process

(Name)	(Address)	(City)	(State / Zip)	(Phone / Fax)
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1. _____
2. _____
3. _____

Please list all Bank References

(Bank / Account #)	(Address)	(City)	(State / Zip)	(Phone / Fax)
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1. _____
2. _____

It is understood and agreed that I/We will pay all charges according to your terms of NET 30 DAYS, and to pay reasonable attorney and collection fees plus interest at 1.5% per month on overdue accounts.

The undersigned agrees to unconditionally guarantee payment of all sums owed pursuant to this agreement. The undersigned further agrees to its terms regarding venue. This is intended to be and is a continuing guarantee and shall not be revoked except by written notice to creditor.

X _____

Owner / Partner / Officer Signature	Title	Date

Printed Name		

UNABLE TO PROCESS IF APPLICATION IS INCOMPLETE OR HAS BEEN ALTERED OR WITHOUT A PROPER SIGNATURE