



Customer Credit Application

New Account
 Change File Records
 Reinstate
 Credit Limit Desired: \$ _____

Business Name: _____ Year Established: _____

Bill to Address: _____
 Street City State Zip

Ship to Address: _____
 Street City State Zip

Tel: _____ Fax: _____ E-Mail: _____

Annual Sales: \$ _____ Fed Tax ID/ S.S. #: _____ Resale Permit: _____

* Please attach a signed resale certificate w/application*

Legal Business Description:
 Proprietorship
 Partnership
 Corporate
 LLC
 LLP

Name of Principal Owner/President/Manager: 1. _____
 Name Title

Account Payable Contact Name(s): 1. _____ 2. _____

Type of Business:
 Wholesaler
 MFR.
 OEM
 Fabricator
 Exporter

Line of Business:
 IND PVF
 PLBG
 HVAC
 Water
 Others

'I.V. sells primarily carbon steel weld fittings, flanges and valves, including gaskets, stud bolts, pipe nipples and miscellaneous bronze / iron Y-strainers and butterfly valves. Your estimated monthly purchases for these items are \$ _____'

Key Industrial PVF Business Ref: (or attach a copy of your company business reference sheet)

1.	Business Name	Street	City	State	Zip
	Contact Name		Title	Tel	Fax
2.	Business Name	Street	City	State	Zip
	Contact Name		Title	Tel	Fax
3.	Business Name	Street	City	State	Zip
	Contact Name		Title	Tel	Fax

Bank References:

1. _____
 Bank Name Account Number Contact Title Tel Fax

We authorize Industrial Valco, Inc. (I.V.) to contact the above Trade References and the Bank for the purpose of establishing a credit account with I.V. We authorize the above named trade references to release specific credit information for this purpose.

Signature: _____ Title: _____ Date: _____

For IV Office Use Below:

RSM Approval: _____ Corp. Approval: _____ Amount Approved: \$ _____ Date: _____