



**Right Pump. Right Now.®**

# Credit Application

P.O. Box 490 / 18014 N I-27  
Abernathy, TX 79311-0490  
Office: (806) 298-2514  
Fax: (806) 298-2114

Date Line of Credit Approved: \_\_\_\_\_  
Line of Credit Approved: \_\_\_\_\_  
Credit Approved by: \_\_\_\_\_  
Date Line of Credit Denied: \_\_\_\_\_

**CONTACT INFO**

Business Name: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Federal Tax ID# \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Primary Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date Business Established: \_\_\_\_\_ DBA: \_\_\_\_\_  
 Sole Proprietorship  Partnership  Corporation  Other: \_\_\_\_\_

**BUSINESS & CREDIT INFO**

Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Person Responsible for Accounts Payable: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Has the firm or any Principals ever been bankrupt?  No  Yes - If yes, please explain on additional paper  
Sales Tax Status:  Taxable  Non-Taxable - **Include your state "resale" certificate if Non-Taxable**  
Owner & Officers Name: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Bank Name: \_\_\_\_\_ Bank Contact: \_\_\_\_\_  
Bank Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**BUSINESS & TRADE REF**

Please submit a signed Credit Inquiry form for each of the three companies listed. Those forms will need to have the top "To:" and "Re:" information filled out along with your signature and date at the bottom of each form.

Company Name: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Name: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Name: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**AGREEMENT**

Applicant's signature attests financial responsibility and willingness to pay our invoices in accordance with the following terms: Net 10th Prox. (10th of Month Following Date of Purchase) or the maximum allowed by law. If I/We fail to pay amount due by the due date, I/We agree to pay finance charges on the unpaid balance at a rate of 1.5% per month (18% APR). All amounts due are payable at Abernathy, Lubbock County, Texas. In the event of default by me/us in payment, I/We will pay all court costs and disbursements incurred by Wolf Pump, Inc., and if this account is referred to an attorney, I/We will pay all reasonable attorney's fees and court costs incurred. I/We certify that the above is true and accurate to the best of my/our knowledge and authorize my/our creditors here to disclose to Wolf Pump, Inc. my/our credit rating, if requested. Wolf Pump, Inc. agrees to treat this information in strict confidence.

## SIGNATURES

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Date: \_\_\_\_\_