



**APPLICATION FOR CREDIT**

Complete Business Name: \_\_\_\_\_

Address-(mailing): \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address-(shipping): \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Business Started \_\_\_\_\_ Federal ID No.: \_\_\_\_\_

Business Type: ( ) Proprietorship ( ) Partnership ( ) Corporation ( ) LLC

**OFFICERS**

**Name**

**Title**

**S/S No.**

\_\_\_\_\_  
\_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_ Fax \_\_\_\_\_

Email address: \_\_\_\_\_

**CREDIT INFORMATION**

Bank Account Number: \_\_\_\_\_

Name: \_\_\_\_\_ Fax #: \_\_\_\_\_

Phone #: \_\_\_\_\_ Person to Contact: \_\_\_\_\_

**LIST OR ATTACH MINIMUM OF THREE SUPPLIERS**

\*should match the credit line you are seeking

1. Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Person to Contact: \_\_\_\_\_ Account #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Person to Contact: \_\_\_\_\_ Account #: \_\_\_\_\_

3. Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Person to Contact: \_\_\_\_\_ Account #: \_\_\_\_\_

The undersigned certifies that there is a registration or seller no. \_\_\_\_\_ Issued by the State of \_\_\_\_\_  
(Please attach a copy of your exemption certificate, without a copy you will be taxed).



All invoices are to be paid within 30 days of invoices date. Unpaid invoices after the 31<sup>st</sup> day will begin to accrue late payment service charges at the rate of 1.5% per month.

Claims arising from invoice must be presented to AMERICAN MARSH PUMPS, LLC in writing within 10 days of the date of invoice.

Any returns are subject to a restocking fee unless otherwise agreed upon in writing, and any specialty items are unreturnable.

If any default in payment of amounts due to AMERICAN MARSH PUMPS, LLC occurs, AMERICAN MARSH PUMPS, LLC shall be entitled to collect all cost incurred to collect the obligation, including (but not limited to) reasonable attorney fees and legal expenses. AMERICAN MARSH PUMPS, LLC shall also be entitled to collect interest on the obligation at the maximum rate permitted by law.

**SIGNATURE/TITLE \***

**DATE**

**\* Must be a COMPANY SIGNATORY authorized and acting in behalf of the (Corporation, Partnership, or Proprietorship)**

Please use one of the following methods to apply: e-mail to [vicky.boleyn@american-marsh.com](mailto:vicky.boleyn@american-marsh.com) fax: 901-860-2345, or mail: American Marsh Pumps, LLC 550 E. South Street, Collierville, TN 38017. We must receive a signed copy before we can begin the approval process.