

APPLICATION FOR CREDIT

BY:

NAME OF FIRM OR INDIVIDUAL _____				
ADDRESS _____			YEARS AT THIS ADDRESS _____	
CITY _____	STATE _____	ZIP _____	AREA CODE _____	PHONE _____

HEREBY applies for credit in accordance with the terms and conditions of:

TO:

Chappell Pump & Supply Co.,, Inc _____	CREDIT MANAGER _____
PO Box 1683 _____	Due Upon Receipt _____
Gilroy, CA 95021 _____	OUR NORMAL CREDIT TERMS _____

FOLD

The following information must be provided. It will be held in the strictest confidence.

OWNERSHIP:

Corporation
 Check here if incorporated within the past 12 months
 Partnership
 Individual

1.	NAME(S) OF PRINCIPAL(S)	COMPLETE ADDRESS	ZIP	PHONE
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

FOLD FOR WINDOW ENV.

FINANCE:

BANK _____	BANK ADDRESS _____
BANK OFFICER OR DEPARTMENT _____	PHONE _____

REFERENCES:

1.	BUSINESS NAME	COMPLETE ADDRESS	ZIP	PHONE
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Check here if cash sales are okay until credit is approved.

We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

(Signed) _____

Date _____ 19 ____ (Title) _____

Please do not write in the space below

VERIFICATION:

REFERENCES CHECKED BY _____	<input type="checkbox"/> CREDIT APPROVED, BY _____
REFERENCE RESULTS _____	<input type="checkbox"/> CREDIT REFUSED, BY _____
_____	DATE _____