

Sales - Installation - System Design & Engineering In-Shop and Field Service - Parts Depot - Distributor

67 Smith Place, Units 9/10, Cambridge, Mass. 02138 P:(617)491-7111 F:(617)491-6577 EMAIL:CityPump1@cs.com

-Application for Open Account Billing-Please. Type or Print, Fill Out Form Completely, Incomplete Forms Can Not Be Processed.

Full Company Name:_				
Street Address:			Billing Address:	
City:	State:	Zip Code:	Federal I.D. No.:_	Date Established:
Phone:	Fax Number:E-Mail:			
Type of Organization:	Proprie	torship: Partnersh	nip: Corporation:	
Type Of Business:			In Business Under This	s Name Since:
Incorp. State:	_ Years A	At Current Address	(Prior Address If Less	Than 5):
President:		Vice President	t:	_Treasurer:
Name/Title Of Owner	Or Princip	ole Officer:		
Street Address:	Or Principle Officer: Soc. Sec. No.: F-Mail:			
City/State/Zip:	Tel. No.:E-Mail:			
References: Name	e:		Address:	Citv/State/Zin: Phone: Ema
		(Those Y	You Buy From On Oper	n Account)
Bank:	ccount W	ith CP&M Under	Diff. Name, Pls. Indica	
If Purchases	Are Ex	xempt From S	ales Tax, Exempt	tion Certificate Must Be Attached.
month service charge of understanding of and a Pump & Motor Service	n account greement e, Inc. for	s with unpaid item to these terms, incl any and all reasona	as, 30 days from date of luding said service charable expenses and fees	s for open accounts and imposed a 1 percent per f invoice. Submissions of this application indicarges, and indicates agreement to reimburse City incurred in collecting past due items. If returning d Name, is binding and contractually legal.
Submitted By:				
Signature:		Mu	ist Be Principle O	Officer or Owner
Title:			2:	
For Credit Dept. Use	Only:			
Account Number:		D&B:	:	Type Account:
Credit Line:			Sent Approval (I	Date):