



PlumbMaster, Inc.

Complete and Return to:
PlumbMaster Credit Dept.
4056 Calle Platino
Oceanside, CA 92056
Fax: 877-649-6013

BUSINESS CREDIT APPLICATION

Account Information

Division _____ Rep. # _____ Customer Type _____

Type of Business: Corporation Partnership Proprietorship

Legal Name of Company _____

Mailing Address _____ City _____ State _____ Zip _____

Shipping Address _____ City _____ State _____ Zip _____

How Long at This Address? _____ Date Business Opened _____

Federal Tax ID _____ How Long in Business Under This Name? _____

Contractor License No. _____

Tax Exempt? Yes No If Exempt, Certificate #: _____ *Copy of certificate must be sent with application*

Accounts Payable Contact Name _____ Phone # _____ Fax # _____

Is Purchase Order Required? Yes No Accepts Back Orders? Yes No

Authorized Buyers _____

Partnership or Proprietorship

1. Name _____ Soc. Sec. # _____ Spouse Name _____

Home Address _____ City _____ State _____ Zip _____

2. Name _____ Soc. Sec. # _____ Spouse Name _____

Home Address _____ City _____ State _____ Zip _____

Corporation

Corporation Name _____

Office Address _____ City _____ State _____ Zip _____

Soc. Sec. # of Officer Signing _____ President _____

Reference

Name of Suppliers	Address	Phone #	Account #
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Bank Name, Address, City, State and Zip _____

Contact Bank Officer _____ Phone # _____

Account #'s & Type _____ Amount of Credit Requested _____

Member of Buying/Management Account Group? Yes No

Name of Group _____ Account/Store # _____

Prices on Packing Slip? Suggested Retail Net Both

I authorize PlumbMaster, Inc. to obtain credit information from the above agencies with the intention of establishing a credit line.
In addition, I hereby confirm that all of the above information is true and correct.

Signature _____