

GULF COAST PUMP & SUPPLY INC.

428 MARTIN DRIVE
HOUSTON, TEXAS 77018
(713) 692-6233 phone * (713) 692-6014 fax

APPLICATION FOR CREDIT

COMPANY NAME: _____

PHONE NUMBER: _____ FAX NUMBER: _____

MAILING ADDRESS: _____

P.O. BOX OR STREET

CITY

COUNTY

STATE

ZIP

SHIPPING ADDRESS: _____

P.O. BOX OR STREET

CITY

COUNTY

STATE

ZIP

TYPE OF BUSINESS: _____

YEAR BUSINESS STARTED: _____ YEARS AT PRESENT LOCATION: _____

DUNS NUMBER: _____ CREDIT LIMIT REQUESTED: _____

TYPE OF ORGANIZATION: PRIVATE CORPORATION PUBLIC CORPORATION
 PARTNERSHIP INDIVIDUAL

TAX EXEMPT STATUS: NO YES. COMPLETE AND ATTACH RESALE CERTIFICATE

FULL NAME AND TITLE OF COMPANY OFFICERS:

NAME

TITLE

NAME

TITLE

NAME

TITLE

BANKING REFERENCES:

1. _____

BANK NAME

ACCOUNT NUMBER

BANK ADDRESS

OFFICER'S NAME

BANK PHONE NUMBER BANK FAX NUMBER

PLEASE COMPLETE OTHER SIDE

2. _____
 BANK NAME ACCOUNT NUMBER

BANK ADDRESS

OFFICER'S NAME BANK PHONE NUMBER BANK FAX NUMBER

TRADE REFERENCES: (APPLICATION WILL NOT BE PROCESSED WITHOUT THE FOLLOWING COMPLETE INFORMATION. PLEASE FURNISH ONLY CURRENT SUPPLIERS. NO CREDIT CARDS, AUTO LOANS, ETC. REFERENCES SHOULD HAVE CREDIT LINES COMPARABLE TO THE AMOUNT OF CREDIT REQUESTED FROM GULF COAST PUMP & SUPPLY, INC. PLEASE VERIFY ALL FAX AND PHONE NUMBERS BEFORE SUBMITTING)

1. _____
 COMPANY FAX NUMBER

2. _____
 COMPANY FAX NUMBER

3. _____
 COMPANY FAX NUMBER

4. _____
 COMPANY FAX NUMBER

5. _____
 COMPANY FAX NUMBER

6. _____
 COMPANY FAX NUMBER

In making this application for credit, we agree to pay all invoice within 30 days from date of invoice and to pay a service charge of 1 ½ % per month, which is an annual percentage rate of 18% on all past due invoices. In the event the account is turned over to an attorney or other agency for collection, we agree to pay the seller's reasonable attorney fees and costs including attorneys fees for appeal.

We certify the all the information on this form is correct. We fully understand your credit terms of Net 30 days and agree to the proper payment in consideration of extended credit.

Authorized Signature _____

Printed Name and Title _____

Address _____

Date _____

Please return to:
 Attn: Credit * 428 Martin Dr. * Houston, Tx. 77018
 Or fax to:
 713 692-6014 * Attn: Credit