



Quick Credit Approval

Legal Business Name _____

DBA (if applicable) _____

City _____ State _____ Zip Code _____

Billing Address _____

Shipping Address _____

City _____ State _____ Zip Code _____

Type of Business _____ Web Site _____

Phone Number _____ Fax Number _____ E-mail _____

Owners _____ Primary Contact _____ Title _____

IMPORTANT*COPIES OF STATE RESALE/EXEMPT FORM MUST BE COMPLETED AND FAXED TO BJM PUMPS, LLC. QUICK CREDIT APPROVALS SENT IN WITHOUT THE NECESSARY FORMS WILL NOT BE PROCESSED.**

CUSTOMER PLEDGE OF RESPONSIBILITY

I understand that my credit line will be set after you have reviewed my financial information. By signing below I am authorizing you (BJM Pumps LLC) to investigate my credit history. I also hereby agree to pay for all merchandise according to the terms on the invoice.

Signature of merchandise recipient _____ Date _____

A COMPLETED AND SIGNED QUICK CREDIT APPROVAL ALLOWS SHIPMENTS UP TO \$5,000 WORTH OF MERCHANDISE TO BE PROCESSED BY BJM PUMPS, LLC AND THEIR REPRESENTATIVES.

Internal Use ONLY

Customer Type: CON Price Level: C NO REBATE AMOUNT

Sales Manager Location _____

Core Market _____

Salesperson _____

Geographic Region _____

Copy Given to Accounting _____

Resale Certificate _____

Signed Form _____