

THE VALVE AGENCY, INC.

IT'S MORE THAN JUST FLOW CONTROL

Credit Application

Date: _____

Name of Company: _____ How long in Business: _____ years.

Billing Address: _____

Shipping Address: _____

Telephone: () _____ Fax: () _____

Type of Business: (circle one): Corporation Partnership Sole Proprietorship

Name of owner(s): _____

Address of owner(s): _____

Date of incorporation: _____ State of incorporation: _____

If branch or division, name and address of home office: _____

Trade References:

(1) Name: _____ Phone: () _____

Address: _____ Fax: () _____

(2) Name: _____ Phone: () _____

Address: _____ Fax: () _____

(3) Name: _____ Phone: () _____

Address: _____ Fax: () _____

(4) Name: _____ Phone: () _____

Bank References:

(1) Bank Name: _____ Phone: () _____

Address: _____ Fax: () _____

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THE VALVE AGENCY, INC.

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