

PLEASE PRINT, COMPLETE AND RETURN TO US
 (FAX & EMAIL PROVIDED BELOW)

****All fields required. Your information will be kept secure and confidential.**

Company Name: _____

Corporation Partnership Individual Other

Subsidiary of _____
 (If applicable)

Contact Name: _____

(Person responsible for financial transactions)

Tax ID/SS#: _____

Billing Address: _____

(Street, Box/Suite #)

 (City, State, Zip)

Company Detail:

Years in Business	<input type="checkbox"/> 2 or less years <input type="checkbox"/> 2-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10 or more years
Years at Current Location	<input type="checkbox"/> 2 or less years <input type="checkbox"/> 2-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10 or more years

Financial Info:

Bank Name	_____
Contact/Manager	_____
Bank Address	_____
Bank Phone	_____
Bank Fax	_____
Bank Email	_____

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**All fields required. Your information will be kept secure and confidential.

Reference #1:

(Company Name)	(Phone)
(Contact Name)	(Fax)
(City/State/Country)	(Email)

Reference #2:

(Company Name)	(Phone)
(Contact Name)	(Fax)
(City/State/Country)	(Email)

Reference #3:

(Company Name)	(Phone)
(Contact Name)	(Fax)
(City/State/Country)	(Email)

I certify all information on this form to be accurate and complete, and authorize PumpRack.com to use provided references for the purpose of establishing financial credibility. Furthermore, I agree to accept payment terms and penalty fees of 1.5% per month (18% annum) on past due invoices.

Authorized Signature

Title

Date