WATER BUFFALO INC. COMMERCIAL CREDIT APPLICATION

APPLICANT INFORMATION	
NAME:DATE/	
ADDRESS YRS AT THIS ADDRESS	
CITY STATE ZIP	
PHONE FAX	
PLEASE PROVIDE THE FOLLOWING INFORMATION. ALL DATE GIVEN WILL BE HELD STRICTLY CONFIDENTIAL	7
CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP LLC	
YR ESTABLISHED TYPE OF BUSINESS FED ID NUMBER	
CONTRACTOR'S LICENSE NO EXPIRES	
RESALE NUMBER ACCTS. PAYABLE MGR EXT	
NAMES AND ADDRESSES OF PRINCIPAL OFFICERS: PHONE:	
1	
2	
3	
4	
BANK INFORMATION	
BANK ACCT#	
ADDRESSPHONE	
ARE YOU BONDED BOND NO	
BONDING COMPANY NAME	
ADDRESS	
AUTHORIZED PURCHASERS	

1 NAME			
ADDRESS			
PHONE			
2 NAME			
ADDRESS			
PHONE			
3 NAME			
ADDRESS			
PHONE			
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