

Bison Pumps

P.O. Box 977
Houlton, ME USA 04730
207-532-2600 • 1-800-339-2601



Bison Pumps Dealer Credit Application

Date : _____

Customer Name: _____

Officers of Company: _____

Business Name and Address : _____

Nature of Business: _____

Year Business Established: _____

If required, are you willing to give a personal guarantee on this account? Yes No

Amount of credit applied for: _____

Credit References

Name	Address	Phone No.	Fax No.
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

BANK: _____ BRANCH: _____

CONTACT: _____ PHONE NO.: _____

FAX NO. : _____

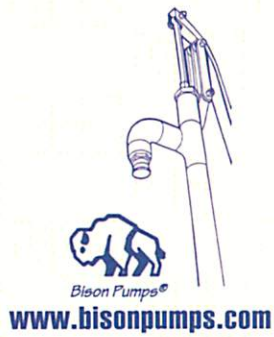
The above information is for the purpose of obtaining credit and is warranted to be true. I agree to pay all bills upon receipt and to abide by the terms and conditions in effect at the time of purchase. I hereby authorize the persons to whom this application is submitted, to obtain such credit reports as may be deemed necessary to properly consider this application for credit.

I declare that the above information is a true statement. The information herein is provided for the express purpose of obtaining credit accommodation from Bison Pumps and that the supplies advanced by Bison Pumps are granted on the strength of this statement. Bison Pumps, their employees and agents are authorized to obtain any information they may require relative to this application from any source each such source is hereby authorized to provide you with such information and I agree to indemnify them against and save them harmless from any and all claims for damages resulting from disclosure on their part.

Dated the _____ Day of _____ 20_____

Witness: _____ Customer : _____

(If the customer is a corporation the above named Individual has the authority to bind the Corporation.)



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Company Name : _____

DBA: _____

Street Address : _____ City : _____

State: _____ Zip Code: _____ Telephone: _____

Fax: _____ Email: _____

Website: _____

Owner/President: _____ Contact Person : _____

Year Business Established : _____ No. of Full Time Employees : _____

Type of Organization : _____ Sole Proprietorship _____ Partnership _____ Corporation

Social Security/Federal Tax ID Number : _____

Current/Planned Trading Area: _____

Nature of Business/Products Sold : _____

Estimated annual purchases from Bison Pumps : _____

I hereby declare the above information to be true and accurate.

Authorized Dealer Signature

Date