

APPLICATION FOR CREDIT

IRROMETER CO., INC., P. O. BOX 2424, RIVERSIDE, CA 92516-2424
Phone (951) 689-1701 Fax (951) 689-3706 sales@irrometer.com

(Please type or print)

DATE: _____

FIRM NAME: _____

MAILING ADDRESS: _____
P. O. BOX or STREET ADDRESS CITY/STATE/ZIP CODE

DELIVERY ADDRESS: _____

PHONE: _____ FAX: _____ DATE BUSINESS STARTED: _____

TYPE OF BUSINESS: _____

NAME OF MANAGER: _____ SALES MANAGER: _____

PURCHASING AGENT: _____ NUMBER OF SALESMEN: _____

TERRITORY COVERED: _____

CORPORATION: _____ PARTNERSHIP: _____ SOLE PROPRIETORSHIP: _____

NAMES OF OWNERS - PARTNERS - OFFICERS:

NAME	TITLE	ADDRESS	CITY/STATE/ZIP CODE	Fax #

BANK REFERENCES:

NAME	ADDRESS	CITY/STATE/ZIP	FAX #	ACCOUNT NUMBER

PRINCIPAL SUPPLIERS:

FIRM NAME	ADDRESS	CITY/STATE/ZIP CODE	FAX NO.

PURCHASE ORDER REQUIRED: YES NO

NO. OF INVOICES REQUIRED: _____

RESALE CERTIFICATE NO.: _____
(Include CA Resale Card if applicable)

CONTRACTOR LICENSE NO: _____
(If Applicable)

I hereby authorize the IRROMETER COMPANY, or Credit Bureau of other investigative agency employed by them to contact any reference listed to establish financial responsibility. Terms are net 30 days and accounts not paid when due are subject to a 1-1/2% per month, (18% Annum) Service Charge.

FIRM NAME: _____

SIGNATURE: _____

PRINT SIGNATURE: _____

TITLE: _____

