

## **Commercial Credit Application**

		-Corporate	and Billing Infor	mation-		
Legal Name:			Billing Contact:			
Address:			Billing E	mail:		
Address 2:			Billing Phone: Tax ID No:			
City:						
State			Tax Exempt:			
Zip				1		
Corporation:	LLC	Partnership	Proprietor	Other:		
Ĩ		Ĩ	1			
		D	ank References-			
Name:	Bank Contact:					
Address			Phone:			
City:			Account No:			
State:			Email:			
Zip:				Email:		
Zip.						
) I		-Tr	ade References-			
Name:			Contact:			
Address:			Phone:			
City, St:			Email:			
State:						
Name:			Contact:			
Address:		Phone:				
City, St:			Email:			
State:						
Name:			Contact:			
Address:			Phone:			
City, St:			Email:			
State:						
<b>D</b> : ) I			<u>.</u>			
Print Name		Da				
**Please submit c	completed forms	to info@exactvalv	esolutions.com			
		For	office use only.			
** Disclosure: Yo	our signature is a	a legally binding rep	presentation that you	u have disclosed all knowled	ge and information	
	-		•	an employee, former employ	-	
	5		e details MUST be		,	

Signature

Print Name