



**Commercial Credit Application**

<b>-Corporate and Billing Information-</b>	
Legal Name: _____	Billing Contact: _____
Address: _____	Billing Email: _____
Address 2: _____	Billing Number: _____
City: _____	Tax ID: _____
State: _____	
Zip: _____	
Corporation Type: _____	
Tax Exempt: _____	
Require P.O.s: _____	

<b>-Invoicing Requirements-</b>

<b>-Bank References-</b>	
Name: _____	Bank Contact: _____
Address: _____	Phone: _____
City: _____	Account No: _____
State: _____	Email: _____
Zip: _____	

<b>-Trade References-</b>	
Name: _____	Contact: _____
Address: _____	Phone: _____
City, St Zip: _____	Email: _____
Name: _____	Contact: _____
Address: _____	Phone: _____
City, St Zip: _____	Email: _____
Name: _____	Contact: _____
Address: _____	Phone: _____
City, St Zip: _____	Email: _____

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*\*\*Please submit completed forms to [info@exactvalvesolutions.com](mailto:info@exactvalvesolutions.com)*