



BUSINESS CONTACT INFORMATION			
Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:
BUSINESS AND CREDIT INFORMATION			
Primary business address:			
City:	State:	ZIP Code:	
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:	State:	ZIP Code:	
Type of account:	Account number:		
DUNS#			
TAX ID#			
BUSINESS/TRADE REFERENCES			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
AGREEMENT			
<ol style="list-style-type: none"> <li>1. All invoices are to be paid 30 days from the date of the invoice.</li> <li>2. Claims arising from invoices must be made within seven working days.</li> <li>3. By submitting this application, you authorize Filter Equipment Co., Inc. to make inquiries into the banking and business/trade references that you have supplied.</li> </ol>			
SIGNATURES			
Title:		Title:	
Date:		Date:	