BACKFLOW DISTRIBUTORS INC.

6400 Elvas Ave, Suite A
Sacramento, CA 95819
(916) 452-6500 Fax (916) 706-3337 Toll Free (800) 713-0880
sales@allthingsbackflow.com

Commercial Credit Application

COMPANY

Name _____ Contact Name _____

Address _____ Shipping Address _____

City/State/Zip _____ City/State/Zip _____

Credit Mgr _____ E-mail _____

Phone _____ Fax _____

Business Type: ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Government ☐ Non-Profit

How long in business: _____ **Tax Exempt?** Yes or No (If Yes, please include resale card w/application)

Parent Company Names (if different from above), Address, Phone and Fax Number, and E-mail

Names/Addresses of Individuals or Partners -or- Name/Title/Phone Number of Corporate Officers

Name of Person to Contact Regarding Purchase Orders and Invoices, Title, Address, Phone, and E-mail

Bank Reference Account Number, Contact, Title, and Phone Number

Trade References: Company Name, Address, Contact and Title, Phone and Fax Number or E-mail

1)

2)

3)

AGREEMENT

1) All invoices are to be paid 30 days from the date of the invoice.
2) Claims arrising from invoices must be made within 7 business days.
3) By submitting this application, you authorize Backflow Distributors, Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNED _____

PRINT NAME _____

TITLE _____

DATE _____

The above information is submitted for the sole purpose of opening an account and I hereby certify the information to be true.

For Credit Approval, please submit this form via email:
accounting@allthingsbackflow.com