

# Bison Pumps

P.O. Box 977  
Houlton, ME USA 04730  
207-532-2600 • 1-800-339-2601



## Bison Pumps Dealer Credit Application

Date : \_\_\_\_\_

Customer Name: \_\_\_\_\_

Officers of Company: \_\_\_\_\_

Business Name and Address : \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Year Business Established: \_\_\_\_\_

If required, are you willing to give a personal guarantee on this account?  Yes  No

Amount of credit applied for: \_\_\_\_\_

### Credit References

Name	Address	Phone No.	Fax No.
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

BANK: \_\_\_\_\_ BRANCH: \_\_\_\_\_

CONTACT: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

FAX NO. : \_\_\_\_\_

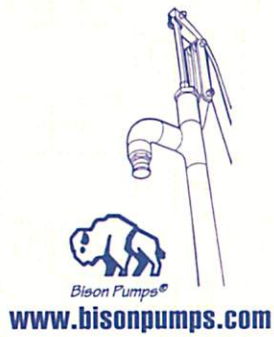
The above information is for the purpose of obtaining credit and is warranted to be true. I agree to pay all bills upon receipt and to abide by the terms and conditions in effect at the time of purchase. I hereby authorize the persons to whom this application is submitted, to obtain such credit reports as may be deemed necessary to properly consider this application for credit.

I declare that the above information is a true statement. The information herein is provided for the express purpose of obtaining credit accommodation from Bison Pumps and that the supplies advanced by Bison Pumps are granted on the strength of this statement. Bison Pumps, their employees and agents are authorized to obtain any information they may require relative to this application from any source each such source is hereby authorized to provide you with such information and I agree to indemnify them against and save them harmless from any and all claims for damages resulting from disclosure on their part.

Dated the \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_\_

Witness: \_\_\_\_\_ Customer : \_\_\_\_\_

(If the customer is a corporation the above named Individual has the authority to bind the Corporation.)



# Bison Pumps

P.O. Box 977  
Houlton, ME USA 04730  
207-532-2600 • 1-800-339-2601



## Bison Pumps Dealer Application

Company Name : \_\_\_\_\_

DBA: \_\_\_\_\_

Street Address : \_\_\_\_\_ City : \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

Owner/President: \_\_\_\_\_ Contact Person : \_\_\_\_\_

Year Business Established : \_\_\_\_\_ No. of Full Time Employees : \_\_\_\_\_

Type of Organization : \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation

Social Security/Federal Tax ID Number : \_\_\_\_\_

Current/Planned Trading Area: \_\_\_\_\_

Nature of Business/Products Sold : \_\_\_\_\_

Estimated annual purchases from Bison Pumps : \_\_\_\_\_

I hereby declare the above information to be true and accurate.

\_\_\_\_\_  
Authorized Dealer Signature

\_\_\_\_\_  
Date