Industrial Valco
PVF Master Distributor

Customer Credit Application

☐ New Account ☐ Cash/COD ☐ Change File Records ☐ Reinstate Credit Limit Desired $_____

Business Name:_____ Year Established:_____

Bill to Address:_____
Street City State Zip

Ship to Address:_____
Street City State Zip

Tel:_____ Fax:_____ E-Mail:_____

Annual Sales: $_____Fed Tax ID/ S.S. #:_____ Resale Permit:_____
* Please attach a signed resale certificate w/application*

Legal Business Description: ☐ Proprietorship ☐ Partnership ☐ Corporate ☐ LLC ☐ LLP

Name of Principal Owner/President/Manager: 1. _____ _____
Name Title

Account Payable Contact Name(s): 1._____ 2. _____

Type of Business: ☐ Wholesaler ☐ MFR. ☐ OEM ☐ Fabricator ☐ Exporter

Line of Business: ☐ IND PVF ☐ PLBG ☐ HVAC ☐ Water ☐ Others

I.V. sells primarily carbon steel weld fittings, flanges and valves, including gaskets, stud bolts, pipe nipples and miscellaneous bronze / iron Y-strainers and butterfly valves. Your estimated monthly purchases ***for these items are $_____***

Key Industrial PVF Business Ref: (or attach a copy of your company business reference sheet)

1._____
Business Name Street City State Zip
_____
Contact Name Title Tel Fax

2._____
Business Name Street City State Zip
_____
Contact Name Title Tel Fax

3._____
Business Name Street City State Zip
_____
Contact Name Title Tel Fax

Bank References:

1._____
Bank Name Account Number Contact Title Tel Fax

We authorize Industrial Valco, Inc. (I.V.) to contact the above Trade References and the Bank for the purpose of establishing a credit account with I.V.
We authorize the above named trade references to release specific credit information for this purpose.

Signature:_____Title:_____Date:_____

For IV Office Use Below:

RSM Approval: _____ Corp. Approval: _____ Amount Approved: $_____ Date: _____