



The plumbers you can trust!

CHARGE APPLICATION

Phone 972 870.0087 Fax 972 314-9467

Business Name \_\_\_\_\_

Service Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ Tel \_\_\_\_\_ Fax \_\_\_\_\_

Is this property owned \_\_\_ leased \_\_\_. If leased, please provide the property owner information below.

Business Type : Sole Proprietor \_\_\_ Corporation \_\_\_ LLC \_\_\_ Other \_\_\_ Please list Owners/Officers:

Name \_\_\_\_\_ Title \_\_\_\_\_ Tel \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Tel \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Tel \_\_\_\_\_

Are you exempt from sales tax? Y N If yes, please include exemption certificate with application.

Is a Purchase Order required? Y N Statement required? Y N Signature required? Y N

Should invoice copy be left on site? Y N Should invoice be store stamped? Y N

Where should invoice be mailed (if different from above address)?

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Where should statement be mailed (if different from above address)?

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Where are Accounts Payable processed (if different from above address)?

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Tel \_\_\_\_\_ Fax \_\_\_\_\_

Bank Name and City \_\_\_\_\_

Account Type: Checking \_\_\_ Savings \_\_\_ Other \_\_\_ Account Number \_\_\_\_\_

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Bank Officer Name \_\_\_\_\_ Tel \_\_\_\_\_

Trade Reference \_\_\_\_\_ Tel \_\_\_\_\_

Trade Reference \_\_\_\_\_ Tel \_\_\_\_\_

Terms: Payment terms are Net 10<sup>th</sup> of each month for prior month charges. Past due invoices accrue interest at the highest rate allowed by law. Disputed charges must be submitted in writing within 10 days of receipt of invoice or invoice will be considered correct as written. NSF checks will incur an additional charge of \$25.00. Late payments may be reported to credit bureaus. Your signature below affirms that you have read, understand and agree the these terms.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Property Owner Information

Owner Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ Tel \_\_\_\_\_ Fax \_\_\_\_\_

If you have additional service addresses please provide address and telephone listing.

<b>AAA AUGER</b> Credit Department Use Only			
Account Approved by _____	Date _____	Acct No _____	Credit Limit \$ _____