



The plumbers you can trust!

CHARGE APPLICATION

Phone 918 641.5551 Fax 918 217.1047

Customer 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 _____

Account Type: Checking ___ Savings ___ Other ___ Account Number _____

Bank Officer Name _____ Tel _____

Trade Reference _____ Tel _____

Trade Reference _____ Tel _____

Terms: Payment terms are Net 10th 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.

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

