



Godwin Pumps of America

Credit Department
One Floodgate Road Bridgeport, NJ 08014
Telephone: 856-467-3636
Fax: 856-467-7025
Please print, fill out and fax or mail in.
We will take care of the rest!

Please Provide the Following Information

Your Name _____

Your Company _____

Your Phone Number with Extension _____

Who should we contact regarding this credit application? _____

Their Phone Number with Extension _____

Which Godwin branch(s) will service your account?

- | | | | |
|--|---|--------------------------------------|--|
| <input type="checkbox"/> Bridgeport, NJ | <input type="checkbox"/> Norwich, CT | <input type="checkbox"/> Buffalo, NY | <input type="checkbox"/> Pittsburgh, PA |
| <input type="checkbox"/> Cleveland, OH | <input type="checkbox"/> Washington, DC | <input type="checkbox"/> Chicago, IL | <input type="checkbox"/> Charleston, WV |
| <input type="checkbox"/> Richmond, VA | <input type="checkbox"/> Virginia Beach, VA | <input type="checkbox"/> Raleigh, NC | <input type="checkbox"/> Charlotte, NC |
| <input type="checkbox"/> N. Charleston, SC | <input type="checkbox"/> Atlanta, GA | <input type="checkbox"/> Tampa, FL | <input type="checkbox"/> Houston, TX |
| <input type="checkbox"/> San Antonio, TX | <input type="checkbox"/> Helena, MT | <input type="checkbox"/> Seattle, WA | <input type="checkbox"/> Los Angeles, CA |

If you know your salesperson's name, please provide it here _____

Where did you hear about us?

- Referral – Who? _____
- Advertisement - Which Publication? _____
- Sales Call – Salesperson Name? _____
- Trade Show – Show Name? _____
- Internet – Website / Search Engine? _____
If Search Engine, please provide the keywords you used _____
- Flyer – Please Describe _____
- Yellow Pages – Location? _____
- Other – Please explain _____



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FOR INTERNAL USE ONLY
Salesman:

Credit Application

Company Name _____

Trading As _____

Billing Address _____

City _____ State _____ Zip _____--_____

Phone # _____ Fax # _____ DUNS # _____

Ownership: Corporation _____ Partnership _____ Individual _____ Other _____

Number of years in Business _____ Number of years at this Address _____ Credit Limit Requested \$ _____

Please Note: – A security agreement or personal guarantee may be required.

Federal Tax I. D. or Social Security Number _____ Are Purchase Order Numbers Required? _____

Nature of your Business? (SIC Code?) _____

List Affiliated Companies _____

Principal Owners or Officers are:

Title	Name	Home Address	City / State	Zip	Phone #
Owner/President	_____	_____	_____	_____	_____
Treasurer	_____	_____	_____	_____	_____
Purchasing Agent	_____	_____	_____	_____	_____
Accounts Payable Contact	_____	_____	_____	_____	_____

Banking Information:

Banking Reference _____ Phone # _____

Address _____ City _____ State _____ Zip _____--_____

Account # _____ Contact Name _____

List Four Suppliers for use as References (No Leasing, Finance Companies or Subcontractors please)

Name	Address	City / State	Zip	Phone #
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____
(4)	_____	_____	_____	_____

The information provided to Godwin Pumps on this application by the applicant(s) and any other information provided to Godwin Pumps, including financial statements is warranted to be accurate, complete and true. Godwin Pumps is authorized to investigate the applicant's credit and to ask questions about its credit experiences with applicant.

Authorized Signature: _____ Title: _____ Date: _____

AGREEMENT

We agree to standard terms of payment extended to us by GODWIN PUMPS OF AMERICA, INC., which will be net 30 days from date of invoice.

We understand and agree to pay GODWIN PUMPS OF AMERICA, INC., late charges at the rate of 1-1/2% per month (18% per annum) on any invoice not paid within the above terms. We understand that GODWIN PUMPS OF AMERICA, INC. reserves the option of refusing further charges against our open account should the account become past due.

We agree that should it become necessary for GODWIN PUMPS OF AMERICA, INC. to pursue legal remedy, we will pay all costs which GODWIN PUMPS OF AMERICA, INC., shall incur due to our failure to live up to this agreement.

INSURANCE:

We understand that insurance for any equipment rented from GODWIN PUMPS OF AMERICA, INC., is OUR responsibility.

We agree to pay to GODWIN PUMPS OF AMERICA, INC., within 30 days for any loss which may occur regardless of the nature of such loss, whether insured or not.

We agree at the time of such loss to file the necessary police reports insurance claims, etc., and to immediately advise GODWIN PUMPS OF AMERICA, INC., as to the disposition of the same together with the name of our insurance carrier, address, policy number, etc.

We agree that we are responsible, even though insured, for any amount not paid by our insurance carrier, including but not limited to such things as deductibles, depreciation, or any other amount which might be denied by our insurance carrier up to and including the full value of the equipment.

YOUR initials indicate acceptance and understanding of above insurance paragraph:

INITIALS _____

TAX EXEMPTION:

We understand that a tax exemption will not be allowed on our account unless GODWIN PUMPS OF AMERICA, INC., shall have on file our current and correct certificate for such exemption.

We further agree that any amounts not allowed by the respective state or local governments, shall be paid in full upon notification that said exemption has been disallowed. This shall be without regard as to whether we have previously filed with GODWIN PUMPS OF AMERICA, INC., any tax exempt certificate or not.

WE UNDERSTAND ALL OF THE ABOVE TERMS AND CONDITIONS AND AGREE TO COMPLY WITH THE SAME.

SIGNED: _____ DATE: _____

TITLE: _____

MUST BE SIGNED BY **COMPANY OFFICER OR OWNER**