

# CREDIT APPLICATION

(Please print or type complete information)

Derby Pressure Wash  
901 Ulrich Avenue  
Louisville, KY 40219  
966-2564 Fax 964-2019  
TERMS: Net 30

D.P.W. Sales & Service  
901 Ulrich Avenue  
Louisville, KY 40219  
966-2564 Fax 964-2019  
TERMS: Net 15

DATE \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

Owner, Partner or President \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Social Security No. \_\_\_\_\_

Owner, Partner or Vice President \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Social Security No. \_\_\_\_\_

Bookkeeper or Accountant \_\_\_\_\_ Phone No. \_\_\_\_\_  
Persons Authorized to Request Services and/or Parts on this Account: \_\_\_\_\_  
\_\_\_\_\_

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_ Yrs. In Business \_\_\_\_\_  
Corporation Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Kind of Business \_\_\_\_\_ Estimated Monthly Credit Lines: \_\_\_\_\_  
Federal Tax No. (For Corp.) \_\_\_\_\_ Federal ID No. (Part. Or Prop.) \_\_\_\_\_

Sales Tax Exemption Certificate  YES  NO (If yes, enclose signed certificate)

Purchase Orders Required  YES  NO Contact Person \_\_\_\_\_

Bank Reference \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Account Officer \_\_\_\_\_ Telephone \_\_\_\_\_

List names and addresses if you are requesting credit for multiple locations