



P.O. Box 1667 South Gate, CA 90280-1667 • Phone: (310) 537-7782 • Fax: (800) 737-2726
 7529 Perryman Ct. #1 Curtis Bay, MD. 21226 • Phone: (410) 360-5010 • Fax: (877) 377-6466
 www.pascospecialty.com

SMART PLUMBING STARTS HERE!

Remit to:
PASCO Specialty & Mfg.
 P.O. Box 1667
 South Gate, CA 90280

Orders:
 Email: sales@pascospecialty.com
 Fax: 877-377-6466

APPLICATION FOR CREDIT

Company Name		Date
Street Address	P.O. Box	Area Code Phone #
City/State/Zip		Area Code Fax #
Shipping Street Address	Years established _____	If less than five (5) please attach a current financial statement.
City/State/Zip	Type of Business (Required)	

Ownership: Individual Partnership Corporation/State of _____ Resale Number #: _____ (Required)

Name and addresses of owners, partners or officers

In a buying group? Yes No If yes, name of buying group _____

Name of authorized buyers

Are purchase orders required? <input type="checkbox"/> yes <input type="checkbox"/> no	
If this is a division, subsidiary or other operating unit of another company please name company	

Bank Name	Branch	Account Number
Telephone:	Name of person familiar with your business	
Street address	City/State/Zip	

TRADE REFERENCES MUST HAVE FAX NUMBERS

Name	Telephone
Address	Fax #
Name	Telephone
Address	Fax #
Name	Telephone
Address	Fax #

PLEASE RETURN TO CREDIT DEPARTMENT FAX 310-537-7786

The above information is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize PASCO to investigate the references listed pertaining to my/our credit financial responsibility.

Firm _____

Applicant's signature attests financial responsibility, ability and willingness to pay our invoice in accordance with our terms. Our terms are 2% 10, Net 30 to approved accounts. Invoices not paid by the 30th of the month following invoice date will be considered past due and subject to a 1 1/2 % per month interest charge.

Signature _____

Title _____ **Date** _____