

Pumps International, Inc. 716 Hull Street, Henderson, NV, 89011 Fax: 702-568-1517 email: cbrogan@garlic.com

Dear Valued Customer,

Thank you for your interest in Pumps International, Inc. We are a leading service and supplier of vacuum pumps and associated equipment servicing many markets in the U.S. and Internationally.

Please take the time to fill out and sign the attached documents.

If you are requesting a N-30 account, please recommend a credit limit suitable for your business.

If you are a reseller, please submit a signed resale certificate.

We appreciate your business and will process your application as soon as possible. If you need to order today, we accept Visa, Master Card, Discover and American Express, a 4% convenience process fee will be charged.

Feel free to contact me with any questions.

Thank you,

Carolyn Brogan, Pres.

Pumps International, Inc.

Company's Legal Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ A/P email: _____

Shipping Address, If Different: _____

City: _____ State: _____ Zip Code: _____

Ph: _____ Fax: _____ Rated in D&B Yes No Rating: _____

Federal ID No.: _____ or Owner's SSN: _____

Nature of Business: _____ Yrs. In Business: _____ No. of Employees: _____

Type of Account Requested: C.O.D./Check C.O.D./Cash Net 30 Days Credit Card

Line of Credit Desired: \$ _____

Sales tax: Taxable Exempt (If exempt, please attach your sales tax exemption certificate.)

Principal Owners/Officers:

| | <u>Name</u> | <u>Title</u> | <u>Home Address</u> | <u>City, State, Zip</u> | <u>Phone</u> |
|----|-------------|--------------|---------------------|-------------------------|--------------|
| 1. | _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ |

Commercial Credit References: (Please furnish complete addresses)

| | <u>Name</u> | <u>Address</u> | <u>Ph</u> | <u>Fax</u> |
|----|-------------|----------------|-----------|------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |

Bank Reference:

Name of Bank: _____ Ph: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Branch: _____

Account Manager: _____ Loan Account No.: _____

Checking Account No.: _____ Savings Account No.: _____

Signature: _____ Date: _____

Print Name:-----