

New Account Form

*COMPANY NAME	
*PHONE	
FAX	
*E-MAIL	
WEBSITE	
*SALES CONTACT	
*ACCOUNTING CONTACT	
BUSINESS TYPE	CORP ___ PART ___ PROP ___ OTHER _____
*BILL TO ADDRESS	
*SHIP TO ADDRESS	
CUSTOMER TYPE	WHOLESALE / SUBMETERING / UTILITY / UTILITY / END USER / _____
*RESALE NUMBER	Please mail certificate
PLEASE PROVIDE RESALE CERTIFICATE IF APPLICABLE	
COMPANY OWNERS	
TERMS REQUESTING	NET 30
SHIPPING PREFERENCE	PREPAY AND ADD / UPS GROUND / UPS 3 RD PARTY / UPS COLLECT UPS ACCT #
CREDIT REFERENCES	
Company 1	
Address	
City, State, Zip	
Phone	
Fax	

CREDIT REFERENCES	
Company 2	
Address	
City, State, Zip	
Phone	
Fax	

Company 3	
Address	
City, State, Zip	
Phone	
Fax	

***REQUIRED FIELD**

I HEREBY AUTHORIZE METER, VALVE & CONTROL TO VERIFY THE INFORMATION PROVIDED.

SIGNED: SIGNATURE: _____ NAME _____

DATE: _____ TITLE: _____

IN CONSIDERATION OF THE CREDIT BEING EXTENDED TO US, WE AGREE TO THE FOLLOWING:

1. TO PAY YOU FOR ALL WORK PERFORMED OR PRODUCTS DELIVERED BY YOU FOR OR TO US ON THE FOLLOWING TERMS: NET CASH 30 DAYS FROM DATE OF INVOICE. INVOICES NOT PAID BY DUE DATE SHOWN ARE SUBJECT TO AN INTEREST CHARGE OF 1.5% PER MONTH.
2. WE ACCEPT THE CONDITIONS OF SALE AS SET FORTH ON YOUR SHIPPING DOCUMENTS AND INVOICES.
3. SHOULD WE FAIL TO MAKE PAYMENT WHEN DUE, YOU MAY CEASE EXTENDING CREDIT TO US, MAY DECLARE OUR ENTIRE BALANCE IMMEDIATELY DUE AND PAYABLE AND MAY PROCEED TO ENFORCE FULL PAYMENT INCLUDING TIME DIFFERENTIAL CHARGES. IN THE EVENT OF SUIT BY YOU TO COLLECT ANY BALANCE DUE YOU WE AGREE TO PAY REASONABLE ATTORNEY FEES AND ACTUAL COURT COSTS.
4. WE WAIVE ANY DEFENSE OF THE STATUTE OF LIMITATIONS.
5. WE ACKNOWLEDGE RECEIPT OF A COPY OF THIS AGREEMENT.

DATE: _____

NAME: _____ TITLE: _____

SIGNATURE: _____