



Daniel L. Jerman Company
www.watermeters.com

275 Railroad Place
 Hackensack, NJ 07601
 800.654.3733 / 201.487.7444 phone
 201.487.3953 fax

Credit Application (Must be filled out completely)

Amount Requested _____ Date _____
 Company Name _____
 Applicant's Name _____
 Address _____ City _____ State/Zip _____
 Years at this Address _____ Phone _____ Fax _____
 Applicant's Signature _____ Corporation? ___ Years Incorporated _____

Bank Reference:

Bank Name _____ Account Number _____
 Address _____ City _____ State/Zip _____
 Contact Name & Title _____ Ph/Fax _____
 Bond Number _____ Bond Amount _____
 Bond Expiration Date _____

Trade References: *(Job Material Purchase Only – Similar to Intended Purchase)*

Company Name _____ Contact Name _____
 City _____ State/Zip _____ Phone _____ Fax _____
 Company Name _____ Contact Name _____
 City _____ State/Zip _____ Phone _____ Fax _____
 Company Name _____ Contact Name _____
 City _____ State/Zip _____ Phone _____ Fax _____
 Company Name _____ Contact Name _____
 City _____ State/Zip _____ Phone _____ Fax _____

Has your company or it's owner ever had any judgements, tax liens or legal proceedings against them? Yes ___ No ___ If yes, please write an explanation and fax it to us with this application. Do you certify that your trade purchases are being made within the standard terms of your vendors at this time? Yes ___ No ___ If no, please write an explanation and fax it to us with this application. The above information is given for the purpose of Daniel L. Jerman Company to extend credit to you.

The undersigned represents, certifies and warrants that all information provided has been true, complete, accurate and not misleading. Daniel L. Jerman Company is authorized to investigate the above listed references. The undersigned also agrees to pay any and all costs including collection fees incurred by Daniel L. Jerman Company in the event that the applicant does not make payments within 30 days from date of invoice. Further, applicant signing this application guarantees to be personally liable for company or corporate debt in the event that it is not paid within stated terms of NET 30 days from invoice date.

Name of Principal or Officer who will be personally liable of company or corporate charge _____ Home Address _____
 Home Phone _____ DOB ___ / ___ / ___ SS# ___ - ___ - ___
 Major Credit Card (not Amex) _____ Exp Date _____
 Corporate or Personal? _____ Name on Card _____
 His/Her Signature _____ Our Terms are 2% - 10 Days / Net 30 days from date of invoice, if you intend to pay by any other terms, please state so: _____

All past due invoices are subject to a finance charge of 1 1/2 % per month