



To Our Valued Customers:

In an effort to continually improve our service to you, our valued customers, Brabazon Pump Company is preparing to initiate electronic delivery of invoices. We are presently building our database of customers' email addresses in order to implement this process. In this regard, we are asking that you please submit two email addresses to which we can send invoices. The reason for two addresses is to ensure that if one person is out of the office, someone else will receive the invoices so that they are not delayed.

It has been suggested that you might consider creating an email address specifically for the invoices (for example: invoices@domain.net) and then have an individual's email as the backup for them.

You may send the email addresses that you wish to use to:

slw@brabazon.com

Also, you may write the email addresses below and fax or mail this letter back to us.

Customer #

Fax: 920-429-2952

P.O. Box 10827
Green Bay, WI 54307-0827

If you have any questions, please feel free to call me at 920-498-6020 Ext. 1228.

Thank you for your cooperation,

Sherry Westby
Credit Department
Brabazon Pump Company



Credit Application

Date: _____

Business: _____ Federal Tax ID #: _____

Phone #: _____ Fax #: _____

Mailing Address: _____
(Street) (City) (State) (Zip) (County)

Shipping Address: _____
(If Different Than Mailing Address)

Type of Business? _____ Date Established: _____

How Long in Business? _____ DUNS Number: _____

Number of Employees? _____ Est. Annual Sales: \$ _____

Ownership: _____ Sole Ownership _____ Partnership _____ Corporation

Principal: _____
(Name) (Title) (SS#) (Home Address)

Principal: _____
(Name) (Title) (SS#) (Home Address)

Principal: _____
(Name) (Title) (SS#) (Home Address)

Trade Reference:

<u>Name</u>	<u>Address</u>	<u>Fax #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____



Bank Reference: _____ Checking _____ Loan _____ Savings

(Name) (Address) (Acct. #) (Contact)

(Name) (Address) (Acct. #) (Contact)

(Name) (Address) (Acct. #) (Contact)

Has the Firm or any of its principals ever been bankrupt? _____ Yes _____ No

If yes, please explain: _____

Line of Credit Requested: \$ _____

Do You Require a P.O.# For All Orders? _____ Yes _____ No

Is a Verbal P.O. Authorized? _____ Yes _____ No

Person to Contact About Account: _____
(Name) (Title)

The undersigned will/will not submit a financial statement. Any misrepresentation in this application will be considered evidence of a fraud, since this information is the basis for the granting of credit.

As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit references listed.

(Name) (Title) (Name) (Title)

(Name) (Title) (Name) (Title)

Credit Department Use Only

Date Line of Credit Approved: _____

Date Line of Credit Denied: _____

Comments: _____

SALES TAX EXEMPTION CERTIFICATE MULTI-JURISDICTION

See reverse side for instructions

Issued to (Seller)	Address
--------------------	---------

I certify that	Name of Firm (Buyer)	Is engaged as a registered
	Street Address or P.O. Box No.	<input type="checkbox"/> Wholesaler
	City, State Zip Code	<input type="checkbox"/> Retailer
		<input type="checkbox"/> Manufacturer
		<input type="checkbox"/> Lessor (*See note on reverse side)
		<input type="checkbox"/> Other (Specify) _____

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product to be resold, leased, or rented in the normal course of our business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

City or State	Registration or ID No.	City or State	State Registration or ID No.

I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax we will pay the tax due direct to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until cancelled by us in writing or revoked by the city or state.

General description of products to be purchased from the seller:

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter

Authorized Signature (Owner, Partner or Corporate Officer)	Title	Date
--	-------	------