



AIV, L.P.
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Credit Application - USA Customers

Company Name & Ship To Address:

Company Bill To Address:

Telephone: _____

Billing Email: _____

Facsimile: _____

Accounts Payable Name/Phone/Email: _____

Company Officers:

President: _____

Vice President: _____

Secretary: _____

Treasurer: _____

Date of Incorporation: _____

State of Incorporation: _____

Bank details:

Bank Name: _____

Bank Officer: _____

Tel: _____ Fax: _____

Bank Email: _____

Business References (Valve Companies/ USA Companies):

1. _____

2. _____

Tel: _____ Fax: _____

Tel: _____ Fax: _____

Email: _____

Email: _____

3. _____

4. _____

Tel: _____ Fax: _____

Tel: _____ Fax: _____

Email: _____

Email: _____

