



Date ____/____/____

Accounts Payable Update

The purpose of this form is to update the accounts payable information for a wholesale account.
This form should be used to provide accounts payable information for new branch locations.

Corporate Headquarters - A/P Info

Branch Name/Address

National A/P Contact Information

A/P Manager: _____
A/P Phone: _____
A/P Fax: _____
A/P Email: _____

Tax Resale Certificate #: _____
Federal ID #: _____
State Tax Exempt #: _____
DUNS #: _____

Branch Contact Information

Branch Manager: _____
Phone: _____
Fax: _____
Email: _____

Branch Accounting Contact: _____
Phone: _____
A/P Fax: _____
A/P Email: _____

Cimberio Payment Term : Net 30	Cimberio Freight Allowed Terms : \$1200
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With the signature of the person below it is understood all information provided is true and correct. It also give Cimberio Valve Co. the authorization to check the credit references provided. This signature also means the company you represent will comply with all terms and conditions set forth by Cimberio Valve Co. The undersigned individual who is either a principal of the credit applicant or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above named business credit grantor, from time to time as may be needed, in the credit evaluation process.

Cimberio Manufacturers Representative: _____