



**EWING IRRIGATION PRODUCTS
PUBLIC AGENCY CREDIT APPLICATION**

PUBLIC AGENCY: _____

BILLING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHYSICAL ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

ACCOUNTING CONTACT: _____ **PHONE:** _____ **EXT:** _____

FAX: _____

PURCHASING AGENT: _____ **PHONE:** _____ **EXT:** _____

FAX: _____

PO REQUIRED: YES NO

BILL WITH TAX: YES NO

TAX EXEMPT/RESALE # _____

AUTHORIZED BUYERS LIST? YES NO
(IF YES, PLEASE ATTACH LIST)

SPECIAL REQUEST:

THANK YOU FOR YOUR BUSINESS