

# UTILITY PIPE SUPPLY, INC.

A Distributor of HDPE Polypipe & Related Accessories



PO Box 731  
Woodstock, IL 60098-0731  
Phone: 815.337.8845  
Fax: 815.337.8846

**APPLICATION FOR CREDIT WITH  
UTILITY PIPE SUPPLY, INC.**

**To be considered for credit, ENTIRE form must be completed in FULL**

COMPANY NAME: \_\_\_\_\_

Billing address \_\_\_\_\_ Shipping address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

phone # \_\_\_\_\_ fax # \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_ Years in Business \_\_\_\_\_

Sales Tax Exempt Yes (include a copy of certificate) No

**\*\*Purchasing Contact:** \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

E-Mail address: \_\_\_\_\_

**\*\*Accounts Payable Contact:** \_\_\_\_\_

Phone # (with extension, if applicable) \_\_\_\_\_ Fax # \_\_\_\_\_

**Would you like to have your invoices e-mailed? \_\_\_\_\_ YES \_\_\_\_\_ NO**

A/P E-MAIL ADDRESS: \_\_\_\_\_

\*\*\*\*\* **Are you interested in being part of our e-mailed monthly "specials" notifications?**  
If yes, please provide an email address and contact name to be added to our list:

\_\_\_\_\_ Contact Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_

## Information Release Waiver and Term Agreement :

The application and the information within are a request for extension of credit for business use only. The application authorizes the references to release / obtain information from the credit reporting agencies. The applicant also authorizes any BANK or COMMERCIAL business with whom the applicant does business with to give ANY and ALL necessary information to Utility Pipe Supply, Inc.

I/We agree to adhere to Utility Pipe Supply, Inc's term of Net 30 Days. If the account becomes delinquent, I/We agree to pay all late fees incurred. I/We are aware that failure to do so may result in termination of my credit privileges. In the case of a corporation, an officer or shareholder agrees, personally, to be liable for the corporate debt. Your signature below acknowledges your understanding of the terms, late fees and debt liabilities, including ALL legal fees.

Signature of Applicant \_\_\_\_\_

Title \_\_\_\_\_ date: \_\_\_\_\_



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**BANK & TRADE REFERENCES**

(Three trade references are required)

**\*\*ENTIRE form MUST be completed in FULL. Failure to provide information will delay or void application**

**\*\*Please review all references to assure that all phone #, fax # and contact names are current and up to date.**

**NO ORDERS WILL BE HANDLED ON TERMS UNTIL APPROVED.**

**Bank Reference :**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # (required) \_\_\_\_\_  
Contact: \_\_\_\_\_ Acct # \_\_\_\_\_

**Trade References:**

**THREE "TRADE" REFERENCES REQUIRED**

***No Gas, Utility, Credit Cards, Phone or Auto/ Machine Lease or Loans***

1. Name: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax# (required) \_\_\_\_\_  
Contact: \_\_\_\_\_
  
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax# (required) \_\_\_\_\_  
Contact \_\_\_\_\_
  
3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # (required) \_\_\_\_\_  
Contact \_\_\_\_\_