UTILITY PIPE SUPPLY INC.

CREDIT APPLICATION FORM

Please Submit Application to: FAX: (815) 337-8846 OR lorrie@utilitypipe.net

** this application MUST be completed FULLY to be considered for a line of credit **

COMPANY NAME:		
Physical Address		
City	State	Zip
Phone ()	Fax ()	
Billing Address (if different)		
City	State	Zip
	Dunn & Bradstreet # of your reseller or Tax Exemption Ce	
Type of Business: Individual Corporation	n PartnershipGovt Ago	y Other (specify)
# Years in Business Credit Line Seek	ring	TERMS ARE NET 30 DAYS
CONTACTS, OWNERS AND PARTNER INFORMATION:		
Owners Name:		
Direct Phone # ()	Email	
Purchasing Rep:		
Direct Phone # ()	Email	
Are PO #'s Required? yes	no	
Accounts Payable Contact:		
Direct Phone # ()	Email	
Would you like Invoices Emailed?No	Yes email to:	
Any specific invoicing notes?		

TRADE REFERENCES

THREE Trade references are REQUIRED

- No Gas, Credit Card, Auto/Equipment, Utilities will be accepted
- ALL Fields must be fully completed. Any missing or wrong information will delay processing
- NO Line of Credit is established until your company receives our approval letter. Until that time, your account is operating under a pre-pay term.

Reference # 1:	
Company Name:	
Contact Name:	
Contact Phone Number ()	
Contact Fax Number ()	
Contact Email Address:	
Account Number (if any)	
Reference # 2:	
Company Name:	
Contact Name:	
Contact Phone Number ()	
Contact Fax Number ()	
Contact Email Address:	
Account Number (if any)	
Reference # 3:	
Company Name:	
Contact Name:	
Contact Phone Number ()	
Contact Fax Number ()	
Contact Email Address:	
Account Number (if any)	

ALL INFORMATION MUST BE FULLY PROVIDED, UP TO DATE AND ACCURATE TO AVOID DELAYS.

BANK REFERENCE

- Complete ALL Fields
- Signature of <u>Authorized</u> Representative required on Information Release Form

Bank Name:		R IN LESS		
Bank Address:				
City		State	Zip	
Contact Name:				
Contact Phone Number ()			
Contact Fax Number ()			
Contact Email Address:				
Account Number				

ALL INFORMATION MUST BE FULLY PROVIDED, UP TO DATE AND ACCRUATE TO AVOID DELAYS

AUTHORIZATION FORM For Credit with Utility Pipe Supply, Inc.

Name of Company: _

In the consideration of a Line of Credit Account with Utility Pipe Supply, Inc., the below signature hereby provides authorization to the party contacted to release information to Utility Pipe Supply, Inc. regarding credit history, payment overview, checking and savings accounts and/or loan experiences.
Your prompt response is requested and appreciated.
Disclosure : This application is submitted for the purpose of obtaining credit with Utility Pipe Supply, Inc. and is warranted to be true. By signing this application, the undersign acknowledges that he/she is authorized to execute this application and to obligate the company to make payments in full for all amounts due according to the invoices on or before the noted and agreed upon Net 30 Day Term. Said applicant agrees to adhere to Utility Pipe Supply, Inc. credit terms and conditions. If failure to pay, the undersigned will be responsible for ALL collection costs and attorney fees with or without lawsuit, in order to collect any delinquent monies. The undersigned hereby authorizes Utility Pipe Supply, Inc. to make inquiries (corporate/personal) as are necessary to obtain a thorough credit profile. In the case of a Corporation, an officer or shareholder agrees, personally, to be liable for any corporate debt to Utility Pipe Supply, Inc. Your signature below acknowledges and agrees to the Terms and Conditions, late fees and debt liabilities, including all legal fees that may result. Utility Pipe Supply, Inc holds the right to terminate credit privileges without prejudice, resulting from account abuse, failure to pay or comply with Utility Pipe Supply, Inc's Terms and Conditions.
AUTHORIZED SIGNATURE:
Signature of Owner, Partner, Corporate Officer or Authorized Representative and Title:
Date
Print Name of Signer:
Title