



# UNITED PIPE & SUPPLY CO.

<b>STREATOR, IL</b>	<b>BRADLEY, IL</b>	<b>BLOOMINGTON, IL</b>	<b>Colorado Springs, CO</b>	<b>Matthews, NC</b>
118 Iowa Ave	420 N. Industrial Dr.	13963 N. 1000 East Rd.	5050 Centennial Blvd	529 Crestdale Rd,
(P) 815-672-4569	(P) 815-937-4801	(P) 309-828-8487	(P) 719-559-2640	(P) 980-508-1836
(F) 815-672-9793	(F) 815-937-9696	(F) 309-828-8556		

## CREDIT APPLICATION AND AGREEMENT

Legal Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

PO Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Please check here if you would prefer to receive invoices/statements at the above email address.

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Primary United Pipe & Supply Location: \_\_\_\_\_ Credit Requested: \$ \_\_\_\_\_

Ownership: Corporation ( ) Partnership ( ) Individual ( )

Year Business Established: \_\_\_\_\_

Tax Exempt: Yes ( ) No ( ) \*\*If Yes, Tax Exempt certificate MUST be attached to this application.\*\*

Name of Principal(s): \_\_\_\_\_

Complete Address: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Officer or Department: \_\_\_\_\_

## BUSINESS REFERENCES

Business Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

The individual signing this credit application and open account contract acknowledges that he/she will be individually liable for the balance due.

Owner/Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

\*\*Please remember to provide your email address if you would like to receive your invoices/statements electronically\*\*