



# UNITED PIPE & SUPPLY CO.

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

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: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

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

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

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

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

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\*\***