



SPECIALTY PIPING PRODUCTS

Credit Application

Company: _____

Phone: _____

Address: _____

Fax: _____

Contact Person: _____

Email: _____

Title: _____

Amount of Credit Requested: _____

EIN #: _____

D & B Number: _____

Type of Company: **Corp** **Partnership** **LLC**

Other (Please explain) _____

Date Business Started: _____

Has your company ever filed Bankruptcy: _____

Please Attach Trade & Bank References

I hereby certify that the information provided in this credit application is correct. The information included in this credit application is to be used by Specialty Piping Products to determine the amount and conditions of credit to be extended to the above referenced company. I understand that other sources of information may be required to execute the credit request. Further I hereby authorize the bank and trade references listed above to release the information necessary to assist Specialty Piping Products in establishing a line of credit.

Authorized Signature: _____

Title: _____

Print Name: _____

Date: _____