



CREDIT APPLICATION

Pipe-Valves, Inc. • 1200 E 5th Avenue • Columbus, Ohio 43219
Phone (614) 294-4971 • Toll Free (800) 467-7122

Date Applied _____

Company Name _____ Ship-To Address _____
Billing Address _____

Accounts Payable Contact: Name _____ Phone# _____
Email _____ Can we Email your Invoices? Yes ___ No ___

Line of Credit Desired: \$ _____ Do You Require Statements? YES ___ NO ___

Type of Business? Date Established? _____ Mo/Yr Taxable? YES ___ NO ___ (If no please attach Blanket or Job Exemption Certificate)

Check one of the following: CORPORATION __, PARTNERSHIP __, SOLE PROPRIETOR __, LLC ___
If incorporated, which state were you incorporated in? _____

Names of Owners, Partners, or Officers:

| Name | Title | Residence Address | Home Phone # |
|-------|-------|-------------------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

BANKING INFORMATION

NAME OF BANK _____ Contact _____ Fax# _____
Phone# _____ BRANCH _____ ADDRESS _____
CHECKING ACCT NO _____ SAVINGS ACCT NO _____

TRADE REFERENCES

| COMPANY NAME | CONTACT | EMAIL ADDRESS | PHONE | FAX |
|--------------|---------|---------------|-------|-------|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |

I (we) understand and agree: That the information furnished to you on this application is for the purpose of obtaining credit from your firm. That I am (we are) authorized in my (our) capacity to bind my firm accordingly. That all accounts or monies due you shall be due and payable within terms of 1% 15 days, Net 30 Days. That within five days from the date of notice that the account is past due, I (we) will pay amount due. I (we) agree to pay all cost of collections, including court costs and attorney fees. An invoice not so paid shall have interest added to the unpaid balance thereof, at the rate of one and a half percent (1-1/2%) per month or eighteen percent (18%) per annum.

Signature: _____
Printed Name: _____
Title: _____ Date: _____
(MUST BE SIGNED BY AN OFFICER)

Submit to: Accounts Receivable Dept. - AR@PipeValves.com
1200 E. Fifth Avenue • Columbus, Ohio 43219 • Phone (614) 294-4971