

PIPING SPECIALTIES, INC.

250 North Street, Suite B5 & B6
Danvers, MA 01923
978-774-1300 phone
978-774-4794 fax

800-223-1468
E-mail: Danvers@PSI-Team.com

19 Evergreen Drive
Portland, ME 04103
207-878-3955 phone
207-878-3722 fax

Credit Application

Company name

DBA (if different)

Contact persons

Purchasing:

Accounting:

Address

Phone

Fax #

Federal tax ID or Social Security number.

Type of business

No. of employees

Date business established

Types of products you will purchase

Duns #

Amount of credit requested \$

Are you a:

CORPORATION

State of incorporation

Names, titles, and addresses of your three chief corporate officers

Name and address of your resident agent

PARTNERSHIP

Names and addresses of the partners

SOLE PROPRIETORSHIP

Are you sales tax exempt?

Yes

No

MUST FAX A HARD COPY OF TAX EXEMPT CERTIFICATE WITH THIS APPLICATION, OR SALES TAX MUST BE CHARGED!

Purchase order required?

Yes

No

PIPING SPECIALTIES, INC.

250 North Street, Suite B5 & B6
Danvers, MA 01923
978-774-1300 phone
978-774-4794 fax

800-223-1468
E-mail: Danvers@PSI-Team.com

19 Evergreen Drive
Portland, ME 04103
207-878-3955 phone
207-878-3722 fax

TRADE REFERENCES

(Fax #'s required for credit approval)

Name _____
Address _____
Phone _____ FAX # _____

Reference #2

Name _____
Address _____
Phone _____ FAX # _____

Reference #3

Name _____
Address _____
Phone _____ FAX # _____

BANK REFERENCES

Bank#1

Account # _____
Phone _____
Contact person _____
Name of bank _____
Address _____

Phone _____
Contact person _____

I represent that the above information is true and is given to induce to extend credit to the applicant. My company and I authorize to make such credit investigation as sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to any and all information concerning the financial and credit history of my company and myself.

I have read the terms and conditions stated below and agree to all of these terms and conditions.

Authorized signature: _____

Printed name: _____

Title: _____ Date: _____

GENERAL TERMS AND CONDITIONS AND PERSONAL GUARANTEE

1. A service charge of 1.5% per month will be added to all amounts billed if not paid by THIRTY business days.

2. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department.

PERSONAL GUARANTEE: IF THE CREDIT CUSTOMER IS A CORPORATION, THEN THOSE SIGNING THIS APPLICATION, WHETHER SIGNING AS AN OFFICER OR NOT, PERSONALLY GUARANTEE PAYMENT FOR ALL ITEMS PURCHASED ON CREDIT BY THE CORPORATION.