



CREDIT APPLICATION

FIRM NAME _____

BILLING ADDRESS _____

SHIPPING ADDRESS _____ [] SAME AS BILLING

CITY _____ STATE _____ ZIP _____

TYPE OF BUSINESS _____ PHONE: _____ - _____ - _____

CORPORATION [] PARTNERSHIP [] FAX NO: _____ - _____ - _____

PROPRIETORSHIP [] E-MAIL ADDRESS: _____

HOW LONG PRESENT OWNER _____ YRS. NO. STORES _____

ATTACH OR FAX COPY OF SELLERS PERMIT

PRINCIPALS: (NAME OF OFFICERS OR OWNERS)

1. _____ 2. _____

BUYERS NAME _____

PERSON MAKING REMITTANCE _____

MUST GIVE COMPLETE NAME, MAILING ADDRESS, ZIP & ACCOUNT# FOR EACH TRADE REFERENCE.

1. _____ ACCT# _____

2. _____ ACCT# _____

3. _____ ACCT# _____

4. _____ ACCT# _____

BANK _____ STATE _____ ZIP _____ PHONE# _____ - _____ - _____

THE ABOVE INFORMATION IS FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE. I/WE HEREBY AUTHORIZE SAVINELLI PIPES, INC. TO INVESTIGATE THE REFERENCES LISTED PERTAINING TO MY/OUR CREDIT AND FINACIAL RESPONSIBILITY. APPLICANTS SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY AND YOUR WILLINGNESS TO PAY OUR INVOICES ACCORDING TO THE TERMS OF THE INVOICE.

SIGNED _____ TITLE _____ DATE _____

DO NOT WRITE BELOW THIS LINE

CREDIT APPROVED _____
CREDIT REFUSED _____
CATALOG MAILED _____

CREDIT LIMIT/STATUS _____
ACCOUNT NO. _____