



St. Louis Pipe and Supply Credit Application

Date: _____

Phone: _____

Name of Account: _____

Billing Address: _____

Shipping Address: _____

Type of Business: _____

__Corporation__ Partnership__ Proprietorship

How long in business? _____

President/Owner/Gen. Manager: _____

For Payment Call: _____

Company Principals: _____

Title: _____

Company Principals: _____

Title: _____

Company Principals: _____

Title: _____

Bank Reference: _____

Phone: _____

Bank Officer: _____ Account# _____

Type of Acct. _____

Credit Reference: _____

Phone: _____

Address: _____

Fax: _____

Credit Reference: _____

Phone: _____

Address: _____

Fax: _____

Credit Reference: _____

Phone: _____

Address: _____

Fax: _____

Credit Reference: _____

Phone: _____

Address: _____

Fax: _____

Are purchases __Taxable__ Non-taxable

Tax exempt#