



St. Louis
PIPE
& Supply

Credit Application

Date _____

Name of Account _____

Billing Address _____

Shipping Address _____

Type if Business _____

___ Corporation ___ Partnership ___ Proprietorship How long in Business? _____

President/Owner/Gen. Manager _____ For payment call _____

Company Principal _____ Title _____

Company Principal _____ Title _____

Bank Reference _____ Ph _____ Fax _____

Bank Officer _____ Account # _____ Type of Account _____

Credit Reference _____ Ph _____ Fax _____

Address _____

Credit Reference _____ Ph _____ Fax _____

Address _____

Credit Reference _____ Ph _____ Fax _____

Address _____

Credit Reference _____ Ph _____ Fax _____

Address _____

Credit Reference _____ Ph _____ Fax _____

Address _____

Credit Reference _____ Ph _____ Fax _____

Address _____

Credit Reference _____ Ph _____ Fax _____

Address _____

Purchases _____ Taxable _____ Non-Taxable Tax Exempt # _____