

Applicant Information:

Legal Name:	_____	D & B #:	_____
Billing Address:	_____		
Shipping Address:	_____		
	(STREET)	(CITY)	(STATE) (ZIP) (COUNTY)
Business Phone #:	_____		
Principles:	Type of Business: () Partnership () Corporation () Proprietorship		
	_____	Title:	_____
	_____	Title:	_____
Accounts Payable Contact:	_____		
Email:	_____	Web:	_____
FEIN#:	_____		
Tax Exempt #:	_____	(Please include a completed Tax-Exempt Certificate)	
Years in Business:	_____		

Bank Reference:

Bank Name:	_____	Account #:	_____
Bank Address:	_____	Contact:	_____
	_____	Phone #:	_____

Trade References:

Company Name:	_____
Address:	_____
Phone:	_____
Email:	_____
Contact:	_____
Company Name:	_____
Address:	_____
Phone:	_____
Email:	_____
Contact:	_____
Company Name:	_____
Address:	_____
Phone:	_____
Email:	_____
Contact:	_____

ACCOUNTS THAT ARE PAST DUE WILL BE REVIEWED FOR CREDIT HOLD

The undersigned applicant agrees that all invoices and monthly statements are conclusive and accurate in all respects unless the undersigned purchaser notifies Stamped Fittings within 10 days of receipt of invoice.

Signed: _____ Title: _____ Date: _____