



When it has to be right.

Credit Application

Name of Business: _____ Phone # _____

Business Address: _____ Fax # _____

_____ Email _____

Amount of Credit Requested: _____ Web site _____

Fed EIN#: _____ SIC Code: _____ D & B # _____

Corporation _____ Partnership _____ Proprietorship _____ Other _____

Date Business Started _____ Has Business ever Declared Bankruptcy? _____ If so, When? _____

Salesperson's Name (Internal Use) _____

Annual Sales Volume _____ # of Employees _____

Officers of Business:

Pres/Owner _____ Phone#: _____ Email: _____

VP _____ Phone#: _____ Email: _____

CFO _____ Phone#: _____ Email: _____

Trade & Bank References: (or attach your reference sheet)

Vendor: _____ Phone#: _____ Email/Fax#: _____

Vendor: _____ Phone#: _____ Email/Fax#: _____

Vendor: _____ Phone#: _____ Email/Fax#: _____

Bank Name: _____ Phone#: _____ Email/Fax#: _____

Bank Contact: _____ Phone#: _____ Account #: _____

Bonding Company: _____ Phone#: _____ Email/Fax#: _____

I hereby certify that the information in this credit application is correct. The information included in this credit application is to be used to determine the amount and conditions of credit to be extended. I understand that other sources of credit considered necessary in making the determination may also be used. Further, I hereby authorize the bank and trade references listed in this credit application or attached to it to release the information necessary to assist in establishing a line of credit. In order to induce Tioga Pipe, Inc. to grant credit to the above, the undersigned hereby agrees that all invoices will be paid within 30 days of invoice date. Interest will be charged on all invoices not paid within 30 days at the rate of the lower of 18% per annum or the highest rate allowable under the law. In addition, if any invoice is not paid within 30 days, Tioga Pipe, Inc. may at its discretion withhold any further shipments hereunder and pursue any and all remedies available to it. If this account goes to collection the undersigned agrees to a minimum of 15% on the balance due on the account or the actual costs of collection, including attorney's fees. The undersigned agrees to be jointly, severally and personally liable for this debt

Authorized Signature: _____ Date: _____

Print Name: _____ Title: _____

Tioga Pipe, Inc.
Corporate Office
2450 Wheatsheaf Lane, Philadelphia, PA 19137

215-831-0700
tiogapipe.com



When it has to be right.

Receive your Invoice sooner
Via
Fax or Email

Let us know your preference by:
Calling Accounts Receivable at 215-701-1221
or
Fax your request to 215-533-1645
Attention: Accounts Receivable
or
Email to:
AR@TIOGAPIPE.COM

Choose one:

Fax Invoice(s) to: _____
(Fax Number)

Email Invoice(s) to: _____
(Email address)

Please provide the following information:

Company Name: _____

Your Name: _____

Phone Number: _____

Thank you.

Tony Bolash
Controller
Tioga Pipe, Inc.