



Stamped Fittings

INCORPORATED

CREDIT APPLICATION

Credit Amount Requested: _____

Legal Name: _____	D & B #: _____			
Billing Address: _____				
Shipping Address: _____				
(STREET)	(CITY)	(STATE)	(ZIP)	(COUNTY)
Business Phone #: _____	ext. _____			
Business Fax#: _____	ext. _____			
Type of Business: () Partnership		() Corporation	() Proprietorship	
Principles: _____	Title: _____			
_____	Title: _____			
Accounts Payable Contact: _____				
E-mail Address: _____		Web Site: _____		
Tax Exempt #: _____		(Please enclose Resale or Tax Exempt Certificate).		
Years in Business: _____				

Bank References:

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

Trade References:

Company Name: _____			
Address: _____			
Phone: _____	Fax: _____	Contact: _____	
Company Name: _____			
Address: _____			
Phone: _____	Fax: _____	Contact: _____	
Company Name: _____			
Address: _____			
Phone: _____	Fax: _____	Contact: _____	

Terms:

**NET 30 DAYS UNLESS OTHERWISE STATED ON INVOICE.
ACCOUNTS PAST DUE 45 DAYS WILL BE REVIEWED FOR POSSIBLE 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, Inc. within 10 days of receipt of the invoices or statements.

Signed: _____ Title: _____ Date: _____

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