

Date _____
Salesman _____
Approved _____
Limit _____

**Individual and Partnership
Application for Credit with**



Canton, MA 02021

Phone: 781-828-8500 Fax: 781-821-8895

Type of Business:

PLBG HTG

REFRIG A/C

Other _____

Company Name _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone No. _____ Date Business Started _____

Type of Account: Individual Account Partnership Account (if partnership, each partner must complete a separate individual application)

Please state your full and complete legal name:

First Name _____ Middle Name _____ Last Name _____

Business Address _____ Telephone Number _____

Residence Address _____ Telephone Number _____

Social Security Number _____ Spouse's Name _____

Number of Dependents _____

Name And Address Of Nearest Relative Or Friend (Not Living With You) _____

Do you own your own residence? yes no Please indicate your monthly mortgage or rent payment \$ _____

CREDIT REFERENCES: For each case please indicate whether the account is in your name, your spouse's name or another person, a joint account or in the name of the applicant business.

Name of Bank _____ Address, City _____ Account # _____ In Whose Name _____

Name of Bank _____ Address, City _____ Account # _____ In Whose Name _____

Name of Bank _____ Address, City _____ Account # _____ In Whose Name _____

TRADE REFERENCES:

Company Name & Address _____ Tel. Number _____

Company Name & Address _____ Tel. Number _____

Company Name & Address _____ Tel. Number _____

Company Name & Address _____ Tel. Number _____

OTHER CREDIT REFERENCES:

Check One: Sales Tax No Sales Tax - Tax Exemption Number (if no tax) _____
 If purchase orders are required

PERSONS AUTHORIZED TO PICK UP AT THE COUNTER: All Employees Only the Following Employees

Note any changes in the above must be submitted in writing in order to bind the company.

I authorize Independent Pipe & Supply Corp., or any credit bureau or other investigative agency acting for Independent Pipe & Supply Corp. to investigate the references herein listed or statements or date obtained from me or any other person pertaining to my credit and financial responsibility. I further certify that I have no other debts except those listed herein. The statements given above are true and made for the purpose of obtaining credit at Independent Pipe & Supply Corp., subject to their credit terms.

[Our terms include 1½% Service Charge per month (18% per annum) on the unpaid balance after 30 days of the Statement date.]

I/We authorized the person or firm to whom this application is made to investigate the references listed pertaining to my/our credit responsibility. Furthermore, I agree to the terms of sale and returns policy of your company and all reasonable costs, collection fees, attorney's fees and expenses incurred by me in the event of failure of applicant to pay all obligations and indebtedness when due.

(Our terms include 1½% Service Charge per month (18% per annum) on the unpaid balance after 30 days of the Statement date.

President

Treasurer

Clerk

Date:

PERSONAL GUARANTY

Company Name:

Street Address:

City, State, Zip:

In consideration of the extending of credit to the above company at my request, I hereby guarantee to Independent Pipe & Supply Corp. the prompt payment, when due, of every claim and debt of the above company to Independent Pipe & Supply Corp. This guarantee is given by the undersigned in order to induce Independent Pipe & Supply Corp. to extend credit to the above named company.

I hereby agree to bind myself to pay Independent Pipe & Supply Corp. on demand any sum which may be or become due to Independent Pipe & Supply Corp. by the company whenever the company shall fail to pay the same.

At its election and in its sole discretion, Independent Pipe & Supply Corp. may demand and collect payment of overdue amounts, costs and Attorney's fees on the above account from either the above company or the undersigned individually. It is agreed suit may be brought in the Commonwealth of Massachusetts.

This individual Guaranty is continuing and may only be revoked prospectively. Any such revocation to be effective must be signed and in writing.

NOTICE: All notices and agreements shall be in writing and the parties can use the U.S. mails, any delivery service which obtains and will furnish a signature evidencing delivery to the addressee or a Fax transmission which provides sender with a record of such transmission being received.

Name

Signature

Home Address

Date

City, State, Zip

FOR OFFICE USE ONLY

SLSM _____ TERMS CODE _____ PRICE CLASS _____

BRANCH _____ CR LIM _____ STMT CODE _____

TAX CODE _____ CR CODE _____ APPROVED BY _____

EXEMPT NO. _____ CR RATING _____ DATE _____