

Altoona / Cumberland Pipe & Steel Supply Co.

PHONE: (814) 944-1631

FAX: (814) 944-1635

ACCOUNTING OFFICE

1128 9TH AVE. • P.O. BOX 112 • ALTOONA, PA 16603

CREDIT APPLICATION

Date: _____ Referred by: _____ Phone: _____

Fax: _____

Business Name: _____

Purchaser Email: _____

Nature of Business: _____

Billing Address: _____

Street Address: _____

Is ownership: Sole Proprietorship _____ Partnership _____
Length of Ownership _____ Yrs.
Are You Sales Tax Exempt? Yes _____ No _____ If yes, please include form.

If Incorporated: Date and State of Incorporation _____
Are you a: Division _____ Subsidiary _____ Branch of Another Co. _____
If yes, of what company _____

| Owners/Partner | Percentage Owned | Corporate Officers | Title |
|----------------|------------------|--------------------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Name of Controller/Bookkeeper: _____ Direct Number: _____

Accounts Payable Email: _____

TRADE REFERENCES

1. Name: _____ Phone: _____ Fax: _____
Address: _____ City: _____ State: _____ Zip: _____

2. Name: _____ Phone: _____ Fax: _____
Address: _____ City: _____ State: _____ Zip: _____

3. Name: _____ Phone: _____ Fax: _____
Address: _____ City: _____ State: _____ Zip: _____

4. Name: _____ Phone: _____ Fax: _____
Address: _____ City: _____ State: _____ Zip: _____

BANK REFERENCES

1. Name: _____ City, State & Zip: _____

Type of Account: _____ Account #: _____

Years with Bank: _____ Bank Contact: _____ Phone _____ Fax _____

2. Name: _____ City, State & Zip: _____

Type of Account: _____ Account #: _____

Years with Bank: _____ Bank Contact: _____ Phone _____ Fax _____

In supplying the above credit information, the applicant authorizes Altoona / Cumberland Pipe & Steel Supply Co. to contact all references and to make other credit inquires. All replies will be strictly confidential. Shipments may be made on a C.O.D. basis until credit has been approved. In consideration of Altoona / Cumberland Pipe & Steel Supply Co. extending credit to the business named on this application, I/We do hereby jointly and individually guarantee full and prompt payment of any amounts due and payable. This is a continuing and absolute guarantee. Signature of spouse is required on this Credit Application.

TERMS: According to material purchased a cash discount may be offered. NET due in 30 days. Any invoice over 30 days is delinquent. When account is delinquent, the entire balance of the account becomes due and payable. In the event of default, you agree to pay all collection charges, court costs, and attorney fees. Interest at the rate of 1 ½% per month will be applied to any invoice not paid within 30 days. No additional deliveries will be made when an account is delinquent. **CREDIT LIMITS ARE PLACED ON ALL ACCOUNTS.** The credit limit is the maximum balance which may be owed on an account. When this limit is reached, payments must be made on the account in amounts sufficient to allow more charges to the account.

Signature of Owners, Partners, Spouses or Corporate Officers who are also signing as Personal Guarantors:

_____ Title: _____ Date: _____

_____ Title: _____ Date: _____

_____ Title: _____ Date: _____