

SALEM TUBE

TUBACEX
GROUP

CREDIT APPLICATION

Name of Firm or Individual	Tel. No.	Fax No.
Street	Years in Business	
City	State	Zip Code
Type of Business	Credit Limit Requested	

THE FOLLOWING INFORMATION MUST BE PROVIDED FOR CONSIDERATION OF EXTENDED CREDIT. ALL INFORMATION WILL BE HELD IN THE STRICTEST OF CONFIDENCE AND USED ONLY TO ESTABLISH AN OPEN ACCOUNT.

Please attach a copy of your completed tax-exempt certificate if applicable.

Name of President of Owner
Name of Controller
Name of Accounts Payable Contact

TRADE REFERENCES

Business Name	City	State	Tel. No.	Fax No.
Business Name	City	State	Tel. No.	Fax No.
Business Name	City	State	Tel. No.	Fax No.

BANK REFERENCE

Bank Name	City	State	Tel. No.	Fax No.
Account Officer Name	Account No.			

We certify that all information supplied is correct. We fully understand your credit terms of N/30 and agree to payment within these terms in consideration of extended credit. We also understand that for credit limits in excess of \$50,000 a copy of our most current financial statement is required.

Date _____ Signed _____ Title _____