

1375 17th Avenue P.O. Box 325 McPherson, KS 67460 620-241-2582 Office 620-241-8080 Fax www.frankblackpipe.com

## CONFIDENTIAL CREDIT APPLICATION

Company name:			
DBA:			
Mailing Address:			
Physical Address: _			
City:		State:	Zip Code:
Website:			
	CC	NTACT INFORMATION	
	For Pipe Purchases	For Pipe Purchases	For Accounts Payable
Name:			
Title:			
Telephone:			
Email:			
Type of business (check one):	☐ Individual ☐ Partnership	□ C Corp □ S Corp □ LLC	□ Other
Date Established: _		State of Incorporation:	
Do we charge you S	ales Tax? □ Yes,	always ☐ Yes, but sometimes we	will have an exemption certificate
☐ Never Sales	Tax Registration #:	☐ Blanket Sales Ta	ax Exemption Certification Attached
		BANK REFERENCE	
Bank Name:		Account #:	
		Telephone:	
	7	RADE REFERENCES	
Company:			
Contact:			
Email:			
Telephone:			
Fax:			
l	t is very important that yo	ou provide complete and up-to	-date information.
Ву:		Title:	
Signed:			Date:

print form

Adobe fillable form

reset form