

Date _____

Credit Application

Name: _____ Phone: (____) _____

Address: _____ Fax: (____) _____

City, State, 9 Digit Zip: _____

Corporation _____ Partnership _____ Individual _____

How long has the company been in business? _____ Limit Desired: _____

Annual Sales: _____ DUNS #: _____ No. of Employees: _____

Name of Principal	Title	Phone
_____	_____	_____
_____	_____	_____

Bank Reference:

Name: _____ Phone: (____) _____

Address: _____

City, State, Zip: _____

Officer to Contact: _____ Checking Account #: _____

Trade References - Please list 3 major suppliers with their address, phone number, fax number, and contact.

1. _____

2. _____

3. _____

Contacts: Purchasing: _____ Payment: _____

Will your purchases require P.O. numbers? Yes/No _____

Will your purchases require Job Numbers? Yes/No _____

Will your purchases be subject to state sales tax? Yes/No _____

If No, please complete blanket exemption form below, or attach state exemption letter.

Your signature below signifies your agreement to the following: That the above information is true, complete, and accurate: that authorization to verify the above information is given: that the account of the undersigned will be paid in accordance with our terms of Net 30 days, that a late service charge of 1-1/2% per month will be paid on balances not paid in accordance with the above terms: that if a suit, action or other proceedings are instituted to collect any amount due to R.J. Keck Pipe & Supply Co., Inc., the undersigned agrees to pay reasonable attorney fees and court fees and court costs incurred by R.J. Keck Pipe & Supply Co., Inc. in such suit, action or other proceedings or any appeal thereof.

Signed _____ Title _____

**Certificate Of Resale
Blanket Form**

The undersigned hereby certifies that all tangible personal property, hereafter purchased by him, is for purposes of resale, and assumes liability for payment of Retailers' Occupation Tax with respect to receipt from the resale of this property to users or consumers.

REGISTRATION OF RESALE NUMBER _____

FIRM NAME _____

FIRM ADDRESS _____

CITY, STATE, ZIP _____

SIGNATURE _____

TITLE _____ DATE _____

THANK YOU FOR YOUR COOPERATION!