



When it has to be right.

**Credit Application**

Name of Business: \_\_\_\_\_ Phone # \_\_\_\_\_  
Business Address: \_\_\_\_\_ Fax # \_\_\_\_\_  
\_\_\_\_\_ Email \_\_\_\_\_  
Amount of Credit Requested: \_\_\_\_\_ Web site \_\_\_\_\_  
Fed EIN#: \_\_\_\_\_ SIC Code: \_\_\_\_\_ D & B # \_\_\_\_\_

Corporation \_\_\_\_\_ Partnership: \_\_\_\_\_ Proprietorship: \_\_\_\_\_ Other: \_\_\_\_\_  
Date Business Started: \_\_\_\_\_ Has Business ever declared Bankruptcy \_\_\_\_\_  
If so when: \_\_\_\_\_ Outside Sales Persons Name: (Internal Use) \_\_\_\_\_  
Annual Sales Volume \_\_\_\_\_ Number of Employees \_\_\_\_\_

**Officers of Business:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone # \_\_\_\_\_

**Trade & Bank References: (or attached your reference sheet)**

Vendor Reference: \_\_\_\_\_ Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Fax # \_\_\_\_\_

Vendor Reference: \_\_\_\_\_ Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Fax # \_\_\_\_\_

Vendor Reference: \_\_\_\_\_ Address: \_\_\_\_\_ Phone# \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Fax # \_\_\_\_\_

Bank Reference: \_\_\_\_\_ Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
Account Officer: \_\_\_\_\_ Fax # \_\_\_\_\_  
Account Number: \_\_\_\_\_

Bonding Company: \_\_\_\_\_ Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
Fax # \_\_\_\_\_

I hereby certify that the information in this credit application is correct. The information included in this credit application is to be used to determine the amount and conditions of credit to be extended. I understand that other sources of credit considered necessary in making the determination may also be used. Further, I hereby authorize the bank and trade references listed in this credit application or attached to it to release the information necessary to assist in establishing a line of credit. In order to induce Tioga Pipe, Inc. to grant credit to the above, the undersigned hereby agrees that all invoices will be paid within 30 days of invoice date. Interest will be charged on all invoices not paid within 30 days at the rate of the lower of 18% per annum or the highest rate allowable under the law. In addition, if any invoice is not paid within 30 days, Tioga Pipe, Inc. may at its discretion withhold any further shipments hereunder and pursue any and all remedies available to it. If this account goes to collection the undersigned agrees to a minimum of 15% on the balance due on the account or the actual costs of collection, including attorney's fees. The undersigned agrees to be jointly, severally and personally liable for this debt.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Tioga Pipe, Inc.  
Corporate Office  
2450 Wheatsheaf Lane, Philadelphia, PA 19137

215-831-0700  
[tiogapipe.com](http://tiogapipe.com)



When it has to be right.

Receive your Invoice sooner  
Via  
Fax or Email

Let us know your preference by:  
Calling Accounts Receivable at 800-523-3678  
or  
Fax your request to: 215-533-1645  
Attention: Accounts Receivable  
or  
Email one of the following:  
[ar@tiogapipe.com](mailto:ar@tiogapipe.com)

Choose one:

Fax Invoice to: \_\_\_\_\_  
(Fax Number)

Email Invoice to: \_\_\_\_\_  
(Email address)

Please provide the following information:

Company Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Thank you.

Tony Bolash  
Controller  
Tioga Pipe, Inc.