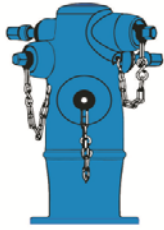


WATER SEWER  
STORM DRAIN  
FIRE PROTECTION  
RECLAIMED WATER  
DRAINAGE PRODUCTS



# PACIFIC

## PIPELINE SUPPLY

235 S. PACIFIC STREET  
SAN MARCOS, CA 92078  
PH- (760) 471-PIPE  
FX- (760) 471-4650  
www.pacificpipeline.com

### CREDIT APPLICATION

#### APPLICATION INFORMATION

Date: _____		Contractors Lic # _____	
Company Name: _____		<input type="checkbox"/>	Sole Proprietorship
Address, City, State, Zip: _____		<input type="checkbox"/>	Partnership
Accounts Payable Address: _____		<input type="checkbox"/>	Corporation in
Accounts Payable Contact: _____		State of _____	
Accounts Payable Email: _____		<input type="checkbox"/>	Subsidiary
Ph # ( ) _____		<input type="checkbox"/>	Division
Number of Employees: _____	Sales Volume: \$ _____	Fax # ( ) _____	
No. of Years in Business: _____	No. of Years at	Credit Line Requested: \$ _____	
Under this Name: _____	this Location: _____		
Resale Number if Applicable: # _____			
Payment Personally Guaranteed? <input type="checkbox"/> Yes <input type="checkbox"/> No		By: _____	Title: _____

#### OWNERSHIP INFORMATION

Name of Owner: _____	Ph # ( ) _____
Home Address: _____	City: _____ State: _____ ZIP: _____
Name of Owner: _____	Ph # ( ) _____
Home Address: _____	City: _____ State: _____ ZIP: _____

#### TRADE REFERENCES

**FAX # REQUIRED**

Company Name: _____	Ph # ( ) _____	FAX # ( ) _____
Address: _____	City: _____	State: _____ ZIP: _____
Contact Name: _____	Email: _____	
Company Name: _____	Ph # ( ) _____	FAX # ( ) _____
Address: _____	City: _____	State: _____ ZIP: _____
Contact Name: _____	Email: _____	
Company Name: _____	Ph # ( ) _____	FAX # ( ) _____
Address: _____	City: _____	State: _____ ZIP: _____
Contact Name: _____	Email: _____	
Company Name: _____	Ph # ( ) _____	FAX # ( ) _____
Address: _____	City: _____	State: _____ ZIP: _____
Contact Name: _____	Email: _____	

#### BANK REFERENCES

Bank Name: _____	Ph # ( ) _____	Fax # ( ) _____
Address: _____	City: _____	State: _____ ZIP: _____
Account # _____	Account # _____	

All Statements made herein are true and accurate to the best of our knowledge. We authorize the above company to make any and all inquiries necessary for action on this credit application. We hereby indemnify the above named company and its agents, from any liability resulting from their credit survey.

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

Credit Approved for \$ \_\_\_\_\_ Credit Disapproved: \_\_\_\_\_ By: \_\_\_\_\_

Preliminary Notice Required for All Jobs Customer Number: \_\_\_\_\_ Date: \_\_\_\_\_

Customer Type: \_\_\_\_\_

Return completed form to [Stacey@Pacificpipeline.com](mailto:Stacey@Pacificpipeline.com)