

CREDIT APPLICATION FOR PACIFIC PIPELINE SUPPLY, INC.

BUSINESS CONTACT INFORMATION								
Date				Contractor License #				
Company name				☐ Sole proprietorship	☐ Subsidiary			
Company address				☐ Partnership	□ Division			
Phone Fax				☐ Corporation				
E-mail								
BUSINESS INFORMATION								
Owner name			Owner home address					
Number of employees			Sales volume					
How long at current address?			How long in business?					
Credit line requested			Resale number (if applicable)					
Payment personally guaranteed?	□Yes	□No	Guaranteed by:					
ACCOUNTS PAYABLE INFORMATION								
AP Name			AP Email					
AP Address			AP Phone Fax					
TRADE REFERENCES								
Company name			Phone					
Address			Fax					
City, State ZIP Code			E-mail					
Contact name			Acct # (if applicable)					
Company name			Phone					
Address			Fax					
City, State ZIP Code			E-mail					
Contact name			Acct # (if applicable)					
Company name			Phone					
Address			Fax					
City, State ZIP Code			E-mail					
Contact Name			Acct # (If Applicable)					

BANK INFORMATION								
Bank name			Bank address					
Bank phone fax			Bank account number					
AGREEMENT								
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.								
SIGNATURE								
Authorized Signature			Name					
Date			Title					
Return completed application to Accounting@PacificPipeline.com or fax to (760) 471-4650								
To be completed by Pacific Pipeline Supply, Inc.								
Credit disposition	□Approve	☐ Disapprove	Credit Amount					
Approved by			Date					