



Metropolitan Pipe

www.metpipe.com

303 Binney Street | Cambridge, MA 02142-1084 | Local: 617.492.6400 | Tel: 1.800.Met.Pipe | Fax: 617.354.3869

Credit Application

Date: ____ / ____ / ____

Full Company Name: _____

Sole Proprietor: _____

Address: _____

Partnership: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Credit Limit Desired: _____

Company Officers: _____
(Name)

Title: _____

Partners: _____
(Name)

Title: _____

Banking: _____
(Name & Address)

Checking Savings/Loans: _____

Trade References

1.) Name: _____

Telephone: _____

Address: _____

Fax: _____

2.) Name: _____

Telephone: _____

Address: _____

Fax: _____

3.) Name: _____

Telephone: _____

Address: _____

Fax: _____

Number of Invoice Copies Req: _____

Purchase Order Req: Yes ____ No ____

Monthly Statement Req: Yes ____ No ____

Charge Sales Tax: Yes ____ No ____
(If no, please attach resale certificate.)

The undersigned certifies that the above information is correct, that it is submitted for the purpose of obtaining credit, and agrees to the terms and conditions of sale by Metropolitan Pipe & Supply Co.

Date: ____ / ____ / ____ _____
Business Name

Authorized Signature