



Please fax your application to: 617-876-8449. You can also fill out an application online at www.MetPipe.com.

Company Details

Company Name

Address

City, State, Zip

Phone Number - -

Fax Number - -

Company Type Corporation LLC Partnership/LLP
 Non-profit Government Sole Proprietor

Federal Tax ID

DUNS Number

Years in Business Credit Limit Desired

No. Employees \$

Co. Officers (Name)

Title

Co. Partners (Name)

Title

Bank Name

Bank Address

Accounts Held Checking Savings Loans

City, State, Zip

Trade References

* Three (3) references required

Reference Name Address

1 Phone - -

Fax - -

Reference Name Address

2 Phone - -

Fax - -

Reference Name Address

3 Phone - -

Fax - -

Invoice Copies:

PO# Required:

Monthly Statement:

Tax-exempt: (Please attach resale certificate)

eBilling:

Billing E-mail Address

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.

Signature

Print Name

Date