



Wayne Pipe & Supply, Inc

Distributors of Plumbing, Heating and Industrial Products Since 1896

6040 Innovation Blvd. ♦ Fort Wayne, Indiana 46818

Telephone: (260) 423-9577 ♦ ♦ Fax: (260) 422-7794 ♦ ♦ 1-800/552-3697

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Title:			DUNS#:
Company name:			EIN:
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	ZIP Code:
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:		State:	ZIP Code:
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account:	Account number:		
PO Required: Y / N	Invoice To: Home Office / Branch Office		
Tax: Y / N	Monthly Credit Requirements:		
Tax #:	Accounts Payable Contact:		

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. 1½% per month service charge will be made on all accounts over 30 days old.
3. By submitting this application, you authorize Wayne Pipe & Supply, Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title: Date:	Title: Date:
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If credit is granted, I/we agree to the above terms and the undersigned is/are responsible for payment of the account, including any service charges. And I/we do further agree if my/our account must be placed in the hands of an attorney for collection or if collection is made through probate proceedings, I/we will pay a reasonable amount of attorney's fees on both the principle balance and the service charge. Accounts are due and payable within 30 days. A 1½% per month service charge will be made on accounts over 30 days old, minimum service charge is \$1.00.

In consideration offer extending credit to the above firm at my/our request, I/we hereby personally guarantee the payment of all of their obligations to you until withdrawn by me/us by certified mail.

Print Full Name: _____ Date of Birth: _____ SSN# _____

Signature: _____

Print Full Name: _____ Date of Birth: _____ SSN# _____

Signature: _____ Date: _____

Approved by: _____

Date: _____