



114 Stackpole Street
St. Marys, PA 15857
(814) 781-7183 phone
(814) 834-1138 fax
kdpipesupply@windstream.net

CUSTOMER CREDIT APPLICATION

Date Completed: _____ Tax Exempt _____ (if yes include exemption certificate)

Name of Firm: _____ Phone: () _____

Federal ID# _____ **Fax #:** _____

Billing Address: _____
(Street) (City) (State) (Zip)

E-mail Address: _____

Name of Owner(s) _____

Corporation _____ Partnership _____ Sole Prop. _____ Date Company Started _____

TRADE REFERENCES

1. _____
(Name) (Phone) (Fax)

(Street) (City) (State) (Zip)

2. _____
(Name) (Phone) (Fax)

(Street) (City) (State) (Zip)

3. _____
(Name) (Phone) (Fax)

(Street) (City) (State) (Zip)

BANK REFERENCE

(Name) (Phone) (Fax)

Signature of Authorized Representative

Date

I authorize the release of information to a representative of Keystone Diversified Pipe Supply, Inc. to verify the credit history of above firm or individual. I agree to the following payment terms Keystone Diversified Pipe Supply, Inc.

PAYMENT TERMS NET 30 DAYS, 1.5% MONTHLY FINANCIAL CHARGE AFTER 30 DAYS