



# Independence Tube Corporation Credit Application

DUNS Number:

Company Name:

Phone:

Fax:

Billing Address:

City:

State:

Zip:

Shipping Address:

City:

State:

Zip:

Type of Business:

Date Established:

(mm/dd/yy)

Type of Entity:

Proprietorship

Partnership

If Incorporated:

State of Incorporation:

Corporation

Other

Year of Incorporation:

## Key Management / Members and Owners

## Titles

## Percentage Ownership

## Bank Information

Bank:

Address:

City:

State:

Zip:

Phone:

Officer:

Acct:

Fax:

Estimated Monthly Purchases:

Credit Line Requested:

How often and when does your firm issue checks?

AIP CONTACT NAME:

## Trade References - Major Suppliers

### Major Supplier 1

Supplier Name:

Address:

City:

State:

Zip:

Phone:

Fax:

### Major Supplier 2

Supplier Name:

Address:

City:

State:

Zip:

Phone:

Fax:

## Trade References - Small Suppliers

### Small Supplier 1

Supplier Name:

Address:

City:

State:

Zip:

Phone:

Fax:

### Small Supplier 2

Supplier Name:

Address:

City:

State:

Zip:

Phone:

Fax:

The above information is provided for extending credit to our company on your terms of payment (1/2 % 10, N30). To the best of our knowledge and belief, the information is accurate and may be relied upon in making our credit decision. We authorize our bank and suppliers to furnish you any information necessary to complete your evaluation of our credit history.

In consideration of an extension of credit, if the Seller commences any action or otherwise seeks to enforce the agreement with the Buyer, the Buyer agrees to pay all costs including, but not limited to, reasonable attorney fees, court costs, and collection agency charges, whether or not a suit is filed.

Signature:

Title:

Date: