

Porter Pipe & Supply  
401 South Rohlwing Road  
Attn: Financial Department  
Addison, Illinois 60101-3029  
630-359-2450  
630-359-2452 (Fax)

Date: \_\_\_\_\_

Name of Company \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip \_\_\_\_\_ County: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Mobile Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_ Website: \_\_\_\_\_

Type of Business: \_\_\_\_\_ # Years In Business \_\_\_\_\_

Sales Tax Exemption#: \_\_\_\_\_ Federal ID#: \_\_\_\_\_

Check One: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship

\_\_\_\_\_ individual \_\_\_\_\_ Government \_\_\_\_\_ LLC \_\_\_\_\_ LLP

Anticipated yearly volume: \_\_\_\_\_ Initial Order: \_\_\_\_\_

Type of Purchase Control System: \_\_\_\_\_ Purchase Order Only: \_\_\_\_\_

If other please specify and list names of persons authorized: \_\_\_\_\_

NAMES OF OFFICERS/OWNERS:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Social Security#: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Former/Present Affiliated Companies: \_\_\_\_\_

How Related: \_\_\_\_\_

Pending Litigation? \_\_\_\_\_ if yes, Details: \_\_\_\_\_

Bankruptcy Filed? \_\_\_\_\_ If yes, Date, City & State of filing: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Social Security#: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Former/Present Affiliated Companies: \_\_\_\_\_

How Related: \_\_\_\_\_

Pending litigation? \_\_\_\_\_ If Yes, Details: \_\_\_\_\_

Bankruptcy Filed? \_\_\_\_\_ If Yes, Date, City & State of filing: \_\_\_\_\_

CREDIT AND TRADE REFERENCES:

NAME ADDRESS ACCOUNT NUMBER

BALANCE DUE TELEPHONE/FAX NUMBER CONTACT PERSON

NAME ADDRESS ACCOUNT NUMBER

BALANCE DUE TELEPHONE/FAX NUMBER CONTACT PERSON

NAME ADDRESS ACCOUNT NUMBER

BALANCE DUE TELEPHONE/FAX NUMBER CONTACT PERSON

BANK: \_\_\_\_\_ BRANCH: \_\_\_\_\_ CHECKING ACCT #: \_\_\_\_\_

CONTACT: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_ LOAN #: \_\_\_\_\_

The information contained in this Application is provided for the purpose of obtaining or maintaining credit with you. The undersigned understands that you are relying on the information provided herein in deciding to grant or continue credit. The undersigned represents and warrants that the information provided is true and complete and that you may consider it as continuing to be true and correct until a written notice of change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary including but not limited to pulling consumer credit reports on any owners or principals of the company in order to verify the accuracy of the statements made herein to determine my credit worthiness. The undersigned hereby agrees that any disputes arising out of this agreement or goods and merchandise ordered or delivered pursuant hereto will be governed and settled under applicable principles of the State of Illinois law, under jurisdiction of Illinois Courts and that venue in any such action shall be in the County of Dupage.

NOTE: It is understood by signing this application I am acknowledging and accepting that a service charge will be added to past-due invoices each month in the amount of 1.5%(annual rate 18.0%). Customer agrees to pay all costs of collection, including attorney fees. Merchandise may not be returned without prior authorization of Porter Pipe & Supply.

By signing this application. I acknowledge that I have read and understand the terms of sale and agree to abide by them.

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_  
Full Company Name

BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

OFFICE USE ONLY  
DATE RECEIVED: \_\_\_\_\_  
APPROVED BY: \_\_\_\_\_  
DECLINED BY: \_\_\_\_\_