



MIDWEST PIPE & STEEL, INC.

FORT WAYNE, INDIANA

323 East Berry Street, P.O. Box 11558
Fort Wayne, Indiana 46859-1558

(260) 422-6541 Phone
(260) 426-0729 Fax
(800) 589-7578 Toll-free Phone
(888) 874-0729 Toll-free Fax
E-mail: info@midwestpipe.com

Application for Company Credit: Please thoroughly complete form and return to the Credit Department.

Company Name _____

Billing Address _____ Shipping Address _____

City, State, Zip _____ City, State, Zip _____

Telephone _____ Telephone _____

Fax _____ Fax _____

Type of Business _____ Years in Business _____

Web Site and/or E-mail address _____

Accounts Payable Contact _____ Purchasing Contact _____

Amount of Credit Desired _____ Do you want a monthly statement? Yes ___ No ___

Is the Company a: Corporation ___ S-Corporation ___ Sole Proprietorship ___ Partnership ___

Other (please describe) _____ If a Corporation, state of Incorporation? ___ Year? _____

Federal ID Number ___ - ___ - ___ OR Social Security Number ___ - ___ - ___

Are you Tax Exempt? ___ Yes ___ No Tax Exempt/Resale Number _____
(Please enclose Tax Exempt/Resale Certificate; otherwise tax will be charged.)

Business References Where Credit Now Extended

Name _____
Address _____
City, ST, Zip _____
Phone _____
Fax _____

Name _____
Address _____
City, ST, Zip _____
Phone _____
Fax _____

Name _____
Address _____
City, ST, Zip _____
Phone _____
Fax _____

Name _____
Address _____
City, ST, Zip _____
Phone _____
Fax _____



MIDWEST PIPE & STEEL, INC.

FORT WAYNE, INDIANA

Bank Reference:

Name of Contact _____

Address _____

City, ST, Zip _____

Phone _____

Fax _____

Name of Principals

Name _____

Name _____

Name _____

Title _____

Title _____

Title _____

Applicant's signature attests the individual's and/or company's financial responsibility, ability and willingness to pay our invoices in accordance with our credit terms: 1% - 10 Day, Net 30 Days. Customer agrees to incur all expenses related to collection of past due invoices, including reasonable attorney fees, interest, and court costs. In the event the undersigned fails to make payment in full when due, the undersigned hereby consents to jurisdiction in a state court or federal court located in Allen County, Indiana.

Printed Name _____

Signature _____

Signature by Authorized Representative

Title _____

Date Submitted _____