



Business Credit Application

Business Name: _____

Phone Number: _____

Billing Address: _____

Fax Number: _____

City: _____ State: _____ Zip: _____

Street Address: _____

A/P Contact Name: _____

City: _____ State: _____ Zip: _____

NATIONAL PIPE HANGER CORPORATION

200 CAMPUS DRIVE • MOUNT HOLLY, NJ 08060

PHONE (609) 261-5353 FAX (609) 261-3249

MARYSTELLE BRUCKNER

VICE PRESIDENT FINANCE

TERMS: 2% 10, NET 30

General Business Information

Type of Business: _____

Officer's Name & Title: _____

Are Purchase Orders Required?: _____

Officer's Name & Title: _____

How Long has Applicant Been in Business?: _____

Officer's Name & Title: _____

How Long has Applicant Been at Present Location?: _____

Officer's Name & Title: _____

Resale Yes No Tax Exempt Yes No

Please send copy of Tax Exemption Certificate. Sales tax will be added until Tax Exemption Certificate, or Resale Certificate, is provided.

Bank Reference

Bank Name: _____

Officer Handling: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Business Credit Reference

INFORMATION TO BE HELD IN CONFIDENCE

1. Company : _____

Phone Number: _____

City: _____ State: _____ Zip: _____

Fax Number: _____

2. Company : _____

Phone Number: _____

City: _____ State: _____ Zip: _____

Fax Number: _____

3. Company : _____

Phone Number: _____

City: _____ State: _____ Zip: _____

Fax Number: _____

Applicant certifies that the above information is true and correct. Applicant also represents and agrees (1) that invoices are net and due 30 days from invoice date, (2) that any invoiced amounts not paid within 30 days after the date due shall bear interest at the maximum nonusurious rate permitted by law (currently 18% per annum) from the date due until paid, (3) to pay any and all costs of collection (including without limitation reasonable attorney's fees) incurred by National Pipe Hanger in collecting any overdue account, and (4) that you are authorizing National Pipe Hanger to contact the above references in determining whether to extend credit to applicant, and to report information regarding applicant's account.

All Sections are required. If desired, you may send your own company pre-printed form (if available) to complete Bank Reference and Business Credit Reference Sections.

Signature: _____

Name: _____

Title: _____

Date: _____

Return completed application to:
National Pipe Hanger Corp. • Attn: Marystelle Bruckner
200 Campus Dr. • Mount Holly, NJ 08060
Phone: (609) 261-5353 • Fax: (609) 261-3249 Credit Dept.

Referring Salesman: _____