

55 Foster St.

Ellsworth, ME 04605

(207) 667-5346 • (800) 540-5346

FAX (833) 404-2718

69 Farm Rd. • P.O. Box 1569

Bangor, ME 04402-1569

(207)-942-1200 • (800) 439-7473

FAX (833) 404-2717

**CREDIT APPLICATION**

|  |  |
| --- | --- |
| **APPLICANT INFORMATION:** |   |
| Individual name: | E-mail Address: |
| Corporation Name: | SSN: | EIN: |
| Current Address: |
| City: | State: | Zip Code: |
| D/B/A-Trade Name: | Phone#: |
| Delivery Address: |
| City: | State: | Zip Code: |
| Type of Business: | Sales Status: | If Exempt, attach Certificate: |
| **BUSINESS ENTITY:** |
| Corporation: | Incorporated state of: |
| Partnership: | Date Formed: |
| Proprietorship: | Date Owner Acquired: |
| **NAMES OF OFFICERS, PARTNERS, AND OR OWNERS:** |
| 1. |
| 2. |
| 3. |
| **LICENSES:** |
| **Please list all employees with licenses. Use separate sheet if necessary. Thank you** |
| Plumbing Master# | Plumbing Journeyman# |
| Oil Burner Master# | Journeyman# |
| Name of Person with above Licenses: |
| **Estimated Monthly Credit Requirements: $** |
| **TRADE CREDIT REFERENCES:****(LIST COMPLETE NAME, ADDRESS, FAX #, OR E-MAIL ADDRESS)** |
| 1. |
| 2. |
| 3. |
| **BANKING CREDIT REFERNCES:** |
| **BANK NAME & CONTACT:** | **ADDRESS:** | **PHONE NUMBER:** | **E-MAIL ADDRESS:** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| **I** **authorize Bangor Pipe & Supply, Inc. to verify the information provided on this form as to my credit and employment history. I understand that attorney’s fees and legal costs will be the credit applicants’ responsibility if Bangor Pipe & Supply, Inc. finds it necessary to take legal action to collect on the debt or engage the assistance of a collection agency.****Applicant’s signature attests financial responsibility, ability, and willingness to pay our invoices in accordance with the above terms.** |
| **SIGNATURE OF APPLICANT:**  | **DATE:** |
| **TITLE:** |

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