



**PLEASE FAX COMPLETED PAGES TO:  
*ANDERSON TUBE CO., INC. @ (215) 855-4147***

**\* PLEASE BE ESPECIALLY SURE TO: FILL IN PAGE 1, LIST ALL RELEVANT CONTACT PEOPLE, INCLUDE FAX NUMBERS FOR ANY CREDIT REFERENCES, AND SIGN THE PERMISSION AGREEMENT ON THE FINAL PAGE.**

**CREDIT TERMS CANNOT BE ESTABLISHED WITHOUT THIS  
PERTINENT INFORMATION.**

**THANK YOU.**

**ANDERSON TUBE CO., INC.**  
**PHONE: 215 855 0118 FAX: 215 855 4147**  
**CREDIT APPLICATION**

**NEW ACCOUNT INFORMATION:**

COMPANY NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

WEB SITE ADDRESS: \_\_\_\_\_

- PRIMARY ACCOUNTS PAYABLE CONTACT: \_\_\_\_\_  
TELEPHONE/EXTENSION/EMAIL: \_\_\_\_\_
- PRIMARY PURCHASING CONTACT: \_\_\_\_\_  
TELEPHONE/EXTENSION/EMAIL: \_\_\_\_\_

**\* IF PA TAX EXEMPT, PLEASE FAX COMPLETED FORM.**

**COMPANY INFORMATION:**

YEAR ESTABLISHED: \_\_\_\_\_ NO. OF EMPLOYEES: \_\_\_\_\_

LINE OF BUSINESS: \_\_\_\_\_

**ENTITY:**

- SOLE PROPRIETORSHIP       PARTNERSHIP       NON-PROFIT  
 CORPORATION (YEAR INC: \_\_\_\_\_ STATE OF INC: \_\_\_\_\_)

HAS COMPANY NAME CHANGED IN PAST 3 YEARS? \_\_\_\_\_

DOES COMPANY CURRENTLY USE ANOTHER TRADE NAME? \_\_\_\_\_

IF BRANCH, GIVE HEADQUARTERS LOCATION: \_\_\_\_\_

HAS COMPANY CHANGED OWNERSHIP IN LAST 5 YEARS: \_\_\_\_\_

**OWNERS, PARTNERS OR OFFICERS:**

*(NOTE: Your credit request cannot be processed without at least one contact listed)*

1. NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

2. NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

**BANK REFERENCES:**

BANK NAME/BRANCH ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

OFFICER CONTACT: \_\_\_\_\_

TELEPHONE/FAX: \_\_\_\_\_

CHECKING       LINE OF CREDIT       LOANS       OTHER

**CREDIT REFERENCES:**

*(NOTE: Fax numbers are required for all credit references)*

1. COMPANY: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CONTACT: \_\_\_\_\_

ACCOUNT NO: \_\_\_\_\_

2. COMPANY: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CONTACT: \_\_\_\_\_

ACCOUNT NO: \_\_\_\_\_

3. COMPANY: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CONTACT: \_\_\_\_\_

ACCOUNT NO: \_\_\_\_\_

4. COMPANY: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CONTACT: \_\_\_\_\_

ACCOUNT NO: \_\_\_\_\_

**I HEREBY AUTHORIZE YOU TO OBTAIN CREDIT INFORMATION ON OUR FIRM.**

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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

*(Your credit request cannot be processed without an authorizing signature)*

**Please direct questions on credit approval to:**

*Erica Stidham  
Credit Manager  
ericastidham@atube.com*