

Trade Credit Reference App	lication				
Business Name:					
Address:					
City/State/ZIP:					
Phone Number:					
Fax Number:					
Email:					
Business Information					
Type of Busines:	Type of Business:				
	Years in Business:				
Type of Entity: □	☐ Corporation ☐ LLC ☐ Partnership	□ Sole Proprietor			
	: ::IN):	·			
	f applicable):				
Bank Information					
Bank Name:					
Account Number	Ti				
 Bank Contact Pe 	rson:				
Trade References Please provide at least three to	rade references from suppliers that	currently extend credit to yo	ur business:		
Company	Contact	Phone	Email	Terms	
1. 2.					
3.					
Credit Amount Requested Monthly Credit Limit Reques	sted: \$				
Agreement and Authorizatio	n				
	tify that the above information is true litworthiness. I understand that this is			tate Piping Products for the	
Authorized Signer Name:					
Title:					
Signature:					

PLEASE RETURN THIS FORM TO $\underline{ACCOUNTING@UPSTATEPP.COM}$ OR FAX TO 518-203-6622.

