



SPECIALIZED FABRICATION EQUIPMENT  
GROUP

## CREDIT APPLICATION FOR A BUSINESS ACCOUNT

<b>BUSINESS CONTACT INFORMATION</b>
Legal Business Name:
Business Name Utilized <i>(If different from above)</i> :
Billing Address:
Billing City, State, ZIP:
Shipping Address:
Shipping City, State, ZIP:
Phone Number:
Fax Number:
Email Address for Invoicing:
Accounts Payable Contact Name:
Accounts Payable Phone Number:
Accounts Payable Email Address:
<b>BUSINESS BACKGROUND</b>
Principle Business Activity:
Form of Entity: <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> DBA <input type="checkbox"/> DBA of Whom? <input type="checkbox"/> Other (describe)
Date Company Started:
How long at current address:
How long in business under its present ownership? <i>(Note: If the business is sold, acquired, is a party to a merger, or the form of the entity is changed, you must notify us in writing, by certified mail, within (____) days of such change.</i>
Federal I.D. # _____ - _____
Tax Exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No Number: <i>(If yes, attach certificate)</i>
Is this business a subsidiary/affiliate of any other entity? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, identify the entity (ies)



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<b>BUSINESS AND CREDIT INFORMATION</b>	
Bank Name:	
Primary Business Address:	
Primary Business Address City, State, ZIP:	
Phone:	
Account Number:	
___ Savings ___ Checking ___ Other	
<b>BUSINESS/TRADE REFERENCES</b>	
Company Name:	
Address:	
City, State, ZIP:	
Type of Account:	
Phone:	Fax:
Email:	Other:
Company Name:	
Address:	
City, State, ZIP:	
Type of Account:	
Phone:	Fax:
Email:	Other:
Company Name:	
Address:	
City, State, ZIP:	
Type of Account:	
Phone:	Fax:
Email:	Other:



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**AGREEMENT**

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize B&B Pipe and Industrial Tools to make inquiries into the banking and business/trade references that you have supplied.

Applicant and any guarantor (“we”) certify that the foregoing information is complete, accurate and voluntary for the purpose of obtaining credit in connection with our business and agree to be bound by the provisions of this application and agreement. If granted credit, we agree to make payments in accordance with B&B’s normal terms, as stated above. Should we exceed the given credit limit, or the account becomes past due, we understand that B&B has the right to refuse or cancel any/all orders until the account is satisfied in full. We also understand that B&B has the right to take any necessary steps to collect the amount owed. The Applicant and guarantor further agree to the release of credit information, including the reporting of credit history to credit reporting agencies consistent with the Fair Credit Reporting Act, 15 U.S.C. §1681, et seq., as amended. This authorization shall be continuing without expiration and a photocopy, scan facsimile or other electronic copy shall be given the same effect as the original.

\_\_\_\_\_  
Name of Company’s Authorized Representative *(Please print)*

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Guarantor

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Fax: (713) 747-8505 or Email: [Linnette@sfe-brands.com](mailto:Linnette@sfe-brands.com)

**Our Brands:**

