



P.O. Box 700, Sanderson, FL 32087-0700
Tel: 904-275-3289 ♦ Fax: 904-275-3247 ♦ Toll Free 800-669-3553

Company Name: _____ Date: _____
Bill To Address: _____ Phone: _____
Sales Tax* Exempt #: _____ Fax: _____
Fed ID _____

*A COPY OF YOUR SALES TAX EXEMPTION CERTIFICATE MUST ACCOMPANY YOUR APPLICATION.

Ship To Address: _____ NOTE: If there are additional ship to addresses, PLEASE ATTACH them to application.

Sales Contact: _____ Type Business: _____

CREDIT INFORMATION:

Credit Contact: _____

Dun & Bradstreet: _____ Years in Business: _____

Please Check One: [] Proprietorship [] Partnership [] Corporation [] Other _____

PRINICPAL OWNER(S) OR OFFICER(S):

(NAME)

(TITLE)

Were any principals in business before? [] Yes [] No If yes, list business name and reason for discontinuing:

Previous Pipe Supplier: _____ Telephone: _____

Are your financial records available for the last two accounting periods? [] Yes [] No If yes, please furnish the most recent copy. (attach)



Anticipated Sales Volume \$ _____ Amount of Credit Required/Month _____

COMPANY NAME: _____ BANK REFERENCE: _____

CITY/STATE: _____ CONTACT NAME: _____

Telephone Number: _____ Ext: _____

TERMS OF PAYMENTS – Either:

- 1. 2% 10th PROX NET 11,
- 2. or, 2% 45 DAYS

Customer's payment term must be chosen (either #1 or #2 above) at time of opening account with Sanderson Pipe. All transactions thereafter will be subject to the terms so elected. Past due amounts are subject to the maximum rate allowed by state law plus costs including a minimum of 15% attorney fees. To qualify for the cash discounts, the invoice must be paid within the agreed upon billing terms. That is, payment must be mailed to Sanderson Pipe Corporation and postmarked no later than due date of the invoice (proof of mailing date may be requested if payment is without a postmark). Returned materials will be subject to restocking fee.

Representative: _____

Buying Group: _____

CREDIT REFERENCES:

- 1. _____ Telephone: _____
 _____ Name: _____
- 2. _____ Telephone: _____
 _____ Name: _____
- 3. _____ Telephone: _____
 _____ Name: _____

Your signature below constitutes agreement to the above terms and conditions, and to be liable for all costs of collections, including, but not limited to, Attorney's fees in the event collection is necessary. Proper venue for any suit to be brought under this agreement is in Macclenny, Baker County, Florida.

Officer Name: _____ (print) Title: _____ (print)

Signature of Named Officer: _____ Date: _____