



Trans Am

PIPING PRODUCTS LTD.

Application for Credit

Full company name _____
and billing address: _____

Telephone number : _____ Fax number: _____

E-mail address: _____

Nature of business: _____

Years in operation: _____

Accounts Payable primary contact: _____ Telephone: _____

Principals: 1) _____ Title: _____

2) _____ Title: _____

3) _____ Title: _____

Name and address _____
of bank: _____

Telephone number: _____ Fax number: _____

Transit number: _____ Account Manager: _____

Amount of credit required: _____



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PIPING PRODUCTS LTD.

List four present trade references:

1) _____ Tel: _____ Fax: _____

2) _____ Tel: _____ Fax: _____

3) _____ Tel: _____ Fax: _____

4) _____ Tel: _____ Fax: _____

Trans Am Piping Products Ltd. terms are 'Net 30 Days' from invoice date. Failure to comply with these terms may result in hold action once the account becomes past due.

We require dated and signed authorization to complete a full credit check. The signature is required to indicate that your company accepts our terms.

Dated: _____

Authorized Signature

Print name

Title

**Please email or fax completed application to
Acc@transampiping.com or (403) 279-4977**