



Credit Application

Please complete this form and forward to:

Gulfshore Pipe & Supply, LP

Attn: Credit Department

P. O. Box 5714

Kingwood, Texas 77325-5714

FAX: 281-312-2876

Company Name _____ Date of Application _____

Type of Business _____ Date Started _____

Street Address _____ City _____ State _____ Zip _____

Billing Address _____

Contact Person/Title _____ Phone No. _____

Email _____ Web Address _____

FAX # _____ Expected Credit Amount _____

If incorporated, State of Incorporation _____

Bank and Trade Reference Information:

Bank Name/Contact _____ Fax No. _____

Street _____ City _____ State _____ Zip _____

Account No: Checking _____ Savings _____ Loan _____

Trade Reference _____ Fax No: _____

Account No: _____ Contact Person _____

Trade Reference _____ Fax No: _____

Account No: _____ Contact Person _____

Trade Reference _____ Fax No: _____

Account No: _____ Contact Person _____

In consideration of credit, debtor agrees to (1) Credit terms of 2%-10, Net-30 from invoice date and (2) in the event it becomes necessary for creditor to either bring suit or employ a collection agency to aid in the recovery of any debt owed by the debtor, the creditor shall be entitled to recover, in addition to the amount of debt due, all of its costs and attorneys fees. The signature below authorizes GPS to charge interest on outstanding balances OVER 30 DAYS OLD at a rate of 1.0% per month (12% per annum) or to the extent allowed by law.

We hereby authorize the above listed Bank and Trade references to release information to Gulfshore Pipe & Supply, LP for use in evaluation of this credit application.

Signature of Officer _____ Date _____

Print Name & Title _____

Note: Please attach Financial Statements, if available.