

Dixie Sales Rep: _____
Date: _____

Dixie Pipe Sales Inc

Seamless and welded steel pipe headquarters for over 50 years

REMIT TO: DEPT #372, P.O. BOX 4346, HOUSTON, TX 77210-4346

Credit Agreement

Please email to pokibe@dixiepipe.com or fax to 713-799-8628, complete all sections. The agreement must be signed by an officer/or owner of the company. Please contact us at 1-800-733-3494, if you have questions.

Official company name: _____

DBA: _____

Type of business: _____

Parent company name: _____

Physical address: _____

City: _____

State: _____

Zip: _____

Mailing address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

Fax: _____

Federal tax identification: _____

Business start date: _____

(Please return tax exemption form with this agreement)

Annual sales: _____

No. of employees: _____

Address where purchased products will be housed or inventoried:

Street address: _____

City: _____

State: _____

Zip: _____

Street address: _____

City: _____

State: _____

Zip: _____

State where registered: _____

SIC or NACIS Code: _____

Tell us about your purchase to pay process:

Purchase Order Numbers required? Yes No If yes please provide sample here: _____

If invoices are sent elsewhere for payment please provide contact information below: _____

Telephone: _____

Is this your corporate office: Yes No

Your accounts payable manager: _____

Telephone: _____

Which accounting system do you use? _____

Dixie Pipe Sales, Inc
2407 Brollier
Houston, Texas 77054
Toll Free: 1-800-733-3494
Phone: 713-796-2021
Fax: 713-799-8628

Dixie Pipe Sales, Inc
1161 Smede Hwy
Broussard, Louisiana 70519
Toll Free: 800-786-3494
Phone: 337-365-5293
Fax: 337-365-5298

Dixie Pipe Sales, Inc
2851 Brooklane Drive
Hueytown, Alabama 35023
Toll Free: 888-898-8166
Phone: 205-497-8733
Fax: 205-497-8799

Dixie Pipe Sales, Inc
450 E. 21st Street
Lorain, Ohio 44052
Toll Free: 888-795-3494
Phone: 440-245-1400
Fax: 440-245-1401

Identification of owners, officers, and principals	
Owner:	_____
Address:	_____ _____
Email address:	_____
Telephone:	_____
President:	_____
Address:	_____ _____
Email address:	_____
Telephone:	_____
CFO:	_____
Address:	_____ _____
Email address:	_____
Telephone:	_____

REGISTERED AGENT IDENTIFIED WITH THE SECRETARY OF STATE'S OFFICE	
Name:	_____
Address:	_____ _____
Email address:	_____
Telephone:	_____

Has this Company, or any of its predecessors, parents, or sister companies, officers, owners, directors, or principals ever filed for Bankruptcy?

Yes _____ No _____

If so, Who and When: _____

Are you still in bankruptcy: Yes No

This section to be completed by principal who is signing application. (This application will not be accepted without a principal's signature)

PRINCIPAL

Name:
Billing address:
Home address:
Home telephone:

REFERENCES

Bank name:	Branch:
Bank address:	
Account number:	
Telephone:	Fax:
Bank representative:	

Current Suppliers

**** If company is less than five years old, please enclose a financial statement.

(Please reference as many pipe suppliers as possible)

Credit reference name	City, State	Telephone	Facsimile
1.			
2.			
3.			
4.			
5.			

Credit Terms and Conditions

Our firm is financially able to meet any an all commitments we have made.

The undersigned agrees:

1. The information contained herein is true and correct for the purpose of obtaining credit from Dixie Pipe Sales, Inc
2. To pay all obligations/invoices for the purchases made from Dixie Pipe Sales, Inc within the terms at the time of sale. (Dixie Pipe Sales, Inc usual terms are net payment due in 30 days.)
3. That Dixie Pipe Sales, Inc terms, and conditions set forth on its invoices as well as the customer agreement shall govern all sales to the undersigned no other terms shall be accepted unless signed by an officer of Dixie Pipe Sales, Inc.
4. In the event that legal action is commenced solely to enforce any of the terms of purchase or obligations created hereby or hereinafter, the legal action will be commenced in, and the proper place of the trial therefore shall be, a court of competent jurisdiction in the county of Victoria, Texas.
Applicant further agrees to pay all costs of collection if it becomes necessary to employ a collection agency or attorney to assist in collection of the amount due.
5. The undersigned hereby authorizes any of the bank and trade references listed in the application to provide Dixie Pipe Sales, Inc with all information requested.
6. DIXIE'S STANDARD PAYMENT TERMS ARE NET 30 DAYS FROM THE

THE INVOICE DATE. A FINANCE CHARGE OF 1.50 PERCENT (1 ½ %) PER MONTH (ANNUAL PERCENTAGE RATE 18 PERCENT) WILL BE CHARGED FROM THE DUE DATE ON ANY UNPAID BALANCE; HOWEVER, IN NO EVENT SHALL INTEREST BE CHARGED AT A RATE GREATER THAN THAT ALLOWED BY APPLICABLE LAW. CUSTOMER AGREES TO PAY UPON DEMAND AT ANY TIME TO DIXIE THE FULL AMOUNT OF SAID INDEBTEDNESS, PLUS FINANCE CHARGES AND ATTORNEY'S FEES, AND COSTS INCURRED IN CONNECTION WITH THE COLLECTION OF THE ACCOUNT, WHETHER OR NOT SUIT IS FILED.

signing below, the undersigned acknowledges, accepts, and agrees to Dixie Pipe Sales, Inc terms and conditions and certifies that the information given herein is true and correct. Please note signature must be by a company officer, owner, or principal.

Customer grants Dixie Pipe Sales, Inc as security for payment of all sums owing and to be owing to Dixie Pipe Sales, Inc., a security interest in all goods sold by Dixie Pipe Sales, Inc. to customer on all accounts receivable and proceeds arising from the sale of such goods and Customer agrees to execute and deliver to Dixie Pipe Sales, Inc such financing statements as Dixie Pipe Sales, Inc requests to perfect such security interest.

Company: _____

Officer's Signature: _____ Date _____

Print name and title _____

Dixie Pipe Sales, Inc.

Phone 713-796-2021

Fax 713-799-8628

Authorization to Release Financial Information

To: _____
Fax # _____

Date: _____
Attn: _____

Reference On: _____

ACCOUNT NUMBER: _____

Authorization to Release Account Information

Please sign below that you authorize your bank to provide general information about your company's bank account. The information provided will be used for credit purposes only to establish/and or review credit periodically.

Any information obtained will be held in strict confidence.

Signature: _____ Date: _____
Print Name: _____

~~~~~ For use by bank personnel only ~~~~~

Account Establish Date: _____

Type of Account: _____ Checking _____ Savings _____ Other _____
_____ Borrowing _____ Non-Borrowing _____

Average Account Balance: _____ Available Line of Credit: _____

NSF Checks _____ YES _____ NO Satisfactory _____ YES _____ NO

High Credit: _____ Open Outstanding Balance: _____

Account information provided by:

Name: _____ Date: _____