

LEAVITT TUBE COMPANY, LLC

1717 W. 115TH ST., CHICAGO, IL 60643
(773)-239-7700 Fax: (773)-239-6872

CREDIT APPLICATION & SALES AGREEMENT

Company Name _____ Owner's Name _____

Business Address _____ Billing Address _____

City/State _____ Zip _____ Type of Business _____

Phone (_____) _____ Purchasing Agent _____

Fax # (_____) _____ Yrs in Business _____

As an officer of the above named company, I do hereby give my consent to check any agencies or companies necessary in processing this credit and sales agreement. I certify that the above information is true and correct, and in addition to the foregoing, the undersigned promises to pay for all purchase in accordance with your terms of sale.

***Please Sign to Process Application**

Signature of Owner/Officer

Date

BUSINESS TRADE REFERENCES

1. Company _____ **2. Company** _____

Address _____ Address _____

City/State _____ Zip _____ City/State _____ Zip _____

Phone (_____) _____ Phone (_____) _____

Fax (_____) _____ Fax (_____) _____

3. Company _____ **4. Company** _____

Address _____ Address _____

City/State _____ Zip _____ City/State _____ Zip _____

Phone (_____) _____ Phone (_____) _____

Fax (_____) _____ Fax (_____) _____

BANK REFERENCE

5. Company _____ Name _____

Address _____ Contact Name _____

City/State _____ Zip _____ City/State _____ Zip _____

Phone (_____) _____ Phone (_____) _____

Fax (_____) _____ Account Number _____