



Please fax completed application to:
412-829-1956



CREDIT APPLICATION

Customer Information

Name _____ Telephone Number: _____
FaxNumber: _____

Address _____

City _____ State _____ Zip Code _____

Check One Corporation Municipality Partnership Individual Other

State Tax Exemption# _____

Federal ID# _____

Banking References

Name _____ Telephone Number: _____
Fax Number: _____

Address _____

City _____ State _____ Zip Code _____

Commercial Credit References

Name _____ Telephone Number: _____
Fax Number: _____

Address _____

City _____ State _____ Zip Code _____

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