

Merfish Pipe & Supply

"Since 1920"

Master Distributor of Carbon Steel Pipe, Fittings & Flanges

1211 Kress St. · Houston, TX 77220 · PO Box 15879 · Houston, TX 77220-5879

Office Main Number: (713) 869-5731 · Accounting Fax Number: (832) 456-9883

Email: accountsreceivable@merfish.com

Existing Account Documents

Thank you for allowing Merfish Pipe & Supply, LP, the service leader in carbon steel pipe, fittings and flanges, since 1920, to continue meeting your needs.

Changes in your company's status may require us to update your existing account. If so, **we require an owner or officer** to complete the **Existing Account Document Packet**, which is available for download by visiting www.merfish.com, under **Customer Care** and clicking **Existing Customers**.

The packet must include all of the following information to be processed:

- Credit Application (**required**)

Upon completion, please return documents via:

- **Email:** accountsreceivable@merfish.com, or
- **US Mail:** Merfish Pipe & Supply, PO Box 15879, Houston, TX 77220-5879, or
- **Fax:** (832) 456-9883 ATTN: "Accounts Receivable".

Should you have any questions, please do not hesitate to contact your Customer Care Representative. We look forward to serving you!

Thank you,
Merfish Pipe & Supply
Accounts Receivable Department

DATE:	REFERRED BY:	<i>Office use only</i>
NAME OF PURCHASING AGENT:		

CREDIT APPLICATION

LEGAL COMPANY NAME WITH DBA (if applicable):		
PHYSICAL STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:
BILLING ADDRESS:		
CITY:	STATE:	ZIP CODE:
TELEPHONE:	FAX:	
SALES / PURCHASING EMAIL ADDRESS:	ACCOUNTS PAYABLE EMAIL ADDRESS:	
SEND INVOICES VIA: <input type="checkbox"/> EMAIL (include email address) <input type="checkbox"/> FAX (include fax no.) <input type="checkbox"/> MAIL		

KIND OF BUSINESS:	INDIVIDUAL <input type="checkbox"/>	GENERAL PARTNERSHIP <input type="checkbox"/>	LLC <input type="checkbox"/>
	LTD PARTNERSHIP <input type="checkbox"/>	CORPORATION <input type="checkbox"/>	
UNDER THE LAW OF THE STATE OF :			

TYPE OF BUSINESS:		
IF CORPORATION, LEGAL NAME OF CORPORATION:		
IF SUBSIDIARY, NAME OF PARENT CORPORATION:		
REGISTERED AGENTS NAME:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:

LIST ALL OWNERS, PARTNERS OR OFFICERS:

NAME	TITLE	RESIDENCE ADDRESS	RESIDENCE TELEPHONE

YEAR BUSINESS ESTABLISHED:	HOW LONG AT THIS LOCATION:	OWN <input type="checkbox"/>	LEASE <input type="checkbox"/>
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ADDRESS OF BUSINESS AT PREVIOUS LOCATION:

CREDIT REFERENCES:

NAME	ADDRESS	TELEPHONE NO.	FAX NO.

NAME OF BANK:	NAME OF OFFICER:	TELEPHONE:
ACCOUNT NUMBER:	ROUTING NUMBER OF BANK:	FAX: