

Gajeske, Inc.
Polyethylene Pipe Co.

Operator Qualification
HOUSTON

**PLEASE FAX COMPLETED OQ APPLICATION TO OUR CORPORATE HEADQUARTERS
OFFICE IN HOUSTON 713-688-2854 ATTN: PATRICIA HUERTA**

GENERAL

LEGAL BUSINESS NAME _____

BILL TO _____

SHIP TO _____

PHONE # _____ FAX # _____ OTHER # _____

A/P CONTACT _____ PH# _____ FAX# _____

TYPE OF BUSINESS _____ SIC CODE _____

YEAR ESTABLISHED _____ FEDERAL TAX ID # _____

WILL YOUR PURCHASES WITH US BE TAX EXEMPT? YES NO

➔ IF YES, PLEASE RETURN A COMPLETED TEXAS SALES TAX EXEMPTION/RESALE CERTIFICATE WITH THIS APPLICATION. FAX A COPY OF COMPANY LETTER HEAD OR BUSINESS CARD WITH APPLICATION!

HOW DID YOU HEAR ABOUT GAJESKE, INC.? _____

OWNERSHIP

CHECK ONE: CORPORATION PARTNERSHIP INDIVIDUAL SUBSIDIARY

IF CORPORATION: STATE INCORPORATED _____ YEAR INCORPORATED _____

IF SUBSIDIARY: PARENT COMPANY _____

ADDRESS _____ PHONE _____

Primary and Secondary contact information specifically regarding to Operator Qualification

1. NAME: _____ ADDRESS: _____

Phone _____ Email _____

2. NAME: _____ ADDRESS: _____

Phone _____ Email _____

Signature of Authorized Company Representative

Date

Printed Name

Title

**WE CANNOT PROCESS YOUR APPLICATION WITHOUT AN AUTHORIZED SIGNATURE.
THE SIGNATURE ABOVE WILL HAVE TO ACCOMPANY ALL GAJESKE OQ DOCUMENTATION**