

CREDIT CARD APPLICATION

Credit Application: Page 1 of 3

Customer Information									
Legal Name: <input type="text"/>	Credit Line Requested: \$ <input type="text"/>								
Billing Address: Street: <input type="text"/> Suite: <input type="text"/> City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/> - <input type="text"/> Telephone: (<input type="text"/>) <input type="text"/> - <input type="text"/> Fax: (<input type="text"/>) <input type="text"/> - <input type="text"/> E-mail: <input type="text"/>	Shipping Address: Street: <input type="text"/> Suite: <input type="text"/> City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/> - <input type="text"/> Telephone: (<input type="text"/>) <input type="text"/> - <input type="text"/> Fax: (<input type="text"/>) <input type="text"/> - <input type="text"/>								
Name of Company: <input type="text"/>									
Name of Parent Company (optional): <input type="text"/>									
Nature of Business: <i>(check all that apply)</i> <input type="checkbox"/> Retail <input type="checkbox"/> Wholesaler <input type="checkbox"/> Manufacturer									
Type of Business: <input type="checkbox"/> "S" Corporation <input type="checkbox"/> "C" Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship									
Date Established: <input type="text"/> / <input type="text"/> Annual Sales Volume: \$ <input type="text"/> Number of Employees: <input type="text"/>	Federal Tax I.D. Number: <input type="text"/> Dun & Bradstreet Number: <input type="text"/>								
Name and Title of Principal Owners or Officers: <table><tr><td>1. Name: <input type="text"/></td><td>Title: <input type="text"/></td></tr><tr><td>2. Name: <input type="text"/></td><td>Title: <input type="text"/></td></tr><tr><td>3. Name: <input type="text"/></td><td>Title: <input type="text"/></td></tr><tr><td>4. Name: <input type="text"/></td><td>Title: <input type="text"/></td></tr></table>		1. Name: <input type="text"/>	Title: <input type="text"/>	2. Name: <input type="text"/>	Title: <input type="text"/>	3. Name: <input type="text"/>	Title: <input type="text"/>	4. Name: <input type="text"/>	Title: <input type="text"/>
1. Name: <input type="text"/>	Title: <input type="text"/>								
2. Name: <input type="text"/>	Title: <input type="text"/>								
3. Name: <input type="text"/>	Title: <input type="text"/>								
4. Name: <input type="text"/>	Title: <input type="text"/>								

Principal Trade References

<p>1. Company Name: <input type="text"/></p> <p>Contact: <input type="text"/></p> <p>Street: <input type="text"/></p> <p>City: <input type="text"/></p> <p>State: <input type="text"/> Zip: <input type="text"/> - <input type="text"/></p> <p>Telephone: (<input type="text"/>) <input type="text"/> - <input type="text"/></p> <p>Fax: (<input type="text"/>) <input type="text"/> - <input type="text"/></p> <p>E-mail: <input type="text"/></p> <p>Payment Terms: <input type="text"/></p>	<p>2. Company Name: <input type="text"/></p> <p>Contact: <input type="text"/></p> <p>Street: <input type="text"/></p> <p>City: <input type="text"/></p> <p>State: <input type="text"/> Zip: <input type="text"/> - <input type="text"/></p> <p>Telephone: (<input type="text"/>) <input type="text"/> - <input type="text"/></p> <p>Fax: (<input type="text"/>) <input type="text"/> - <input type="text"/></p> <p>E-mail: <input type="text"/></p> <p>Payment Terms: <input type="text"/></p>
<p>3. Company Name: <input type="text"/></p> <p>Contact: <input type="text"/></p> <p>Street: <input type="text"/></p> <p>City: <input type="text"/></p> <p>State: <input type="text"/> Zip: <input type="text"/> - <input type="text"/></p> <p>Telephone: (<input type="text"/>) <input type="text"/> - <input type="text"/></p> <p>Fax: (<input type="text"/>) <input type="text"/> - <input type="text"/></p> <p>E-mail: <input type="text"/></p> <p>Payment Terms: <input type="text"/></p>	<p>4. Company Name: <input type="text"/></p> <p>Contact: <input type="text"/></p> <p>Street: <input type="text"/></p> <p>City: <input type="text"/></p> <p>State: <input type="text"/> Zip: <input type="text"/> - <input type="text"/></p> <p>Telephone: (<input type="text"/>) <input type="text"/> - <input type="text"/></p> <p>Fax: (<input type="text"/>) <input type="text"/> - <input type="text"/></p> <p>E-mail: <input type="text"/></p> <p>Payment Terms: <input type="text"/></p>

Authorization to Release Confidential Information

Steel And Alloy Customer Name:

Bank Name:

Street Address:

City: State: Zip:

Telephone: () - Fax: () - Contact:

Please accept this as authorization to release information regarding our accounts listed below to Steel And Alloy Products for the purpose of extending credit. We understand that this information will be kept in the strictest of confidence between your organization and Steel And Alloy Products Inc.

Checking Account Number:

Authorized Signature: _____ Date: __/__/__

Print Name and Title: _____