



TUBE CITY LOCATION: _____
 APPLICATION DATE: _____
 APPROVAL/DENIAL DATE: _____
 SALES REP: _____

CREDIT AGREEMENT

Legal Company Name: _____
 Division / dba: _____
 Street Address: _____ PO Box: _____
 City, State, Zip Code: _____
 Telephone No. _____ Fax No.: _____
 A/P Contact: _____ A/P Phone: _____

GENERAL BUSINESS INFORMATION

Type of Business _____ Sales and/or use tax exempt? Y / N
If tax exempt, please include copy of sales tax exempt form. Otherwise, tax incurred charges will apply.
 Partnership: Corporation: Proprietorship: LLC Federal ID No.: _____
 State of incorporation: _____ Date of incorporation: _____ Have you ever filed for Bankruptcy? Y / N

BANK REFERENCE

Bank Name: _____ Bank Contact: _____
 Address: _____ Phone No.: _____
 _____ Fax No.: _____

TRADE REFERENCES

Name: _____
 Address: _____
 Contact: _____ Phone: _____ Fax: _____
 Name: _____
 Address: _____
 Contact: _____ Phone: _____ Fax: _____
 Name: _____
 Address: _____
 Contact: _____ Phone: _____ Fax: _____

PAYMENT

COLLECTION COSTS: If Buyer defaults in making payment, Seller shall be entitled to recover from Buyer all costs of collection, including but not limited to, collection fees, attorney fees and court costs.

SERVICE CHARGE: A service charge of one and one-half percent (1.5%) per month shall be applied to all invoices for which payment is not received by the applicable due date. Unless otherwise expressly provided, all sales hereunder are net thirty (30) days from the date of invoice.

CERTIFICATION

The applicant certifies that the information provided is true and correct and has been submitted to obtain commercial credit. The Seller is hereby authorized to investigate and verify any information provided and inquire of references or others as to credit worthiness. I have read, understood, and agreed to the above specified payment terms.

Authorized signature: _____ Title: _____ Date: _____