

CREDIT APPLICATION

Company Name: _____

Billing Address: _____

City/State/Zip: _____

Phone #: _____ Fax #: _____

Number of Years in Business: _____ Federal ID#: _____

Type of Business: _____ Areas Served: _____

President: _____ Controller: _____

A/P Contact: _____ Email: _____

Purchasing Agent: _____ Email: _____

Anticipated Credit Amount: _____

Method of Invoice Receipt: email fax mail

Invoices Shall Be Sent To: _____

Please include a signed sales tax exemption certificate. If not provided, sales tax will be added to your invoice/s.

Steel Trade References

Company: _____ Tel#: _____ Email: _____

Fax#: _____

Company: _____ Tel#: _____ Email: _____

Fax#: _____

Company: _____ Tel#: _____ Email: _____

Fax#: _____

Bank Reference

Bank Name: _____ Tel#: _____ Email: _____

Fax#: _____

Bank Account #: _____

Bank Contact Name: _____

By my signature below, I authorize FLACK GLOBAL METALS. to verify any/all information listed above and I further authorize any reference above to release any information related to the credit history of said company. Also, please be advised that by signing this application you are agreeing to our payment terms, per our company policy of: (Net 30 days) with the option of a discount (1/2%) when paid in 10 days.

Name: _____ Title: _____ Date: _____

Please return via email to curbancich@flackglobalmetals.com. Your cooperation is greatly appreciated.

