



CREDIT LIMIT REQUEST:

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CUSTOMER CREDIT APPLICATION

Date: _____

Customer warrants that the following information is accurate and complete: (Attach additional sheets as needed)

Name of Customer (Legal Name) _____

Trade Name _____

Mailing Address City State Zip _____

Shipping Address City State Zip _____

Phone Number and Fax Number _____

Contact Person – Position _____

Corporate Tax ID number _____

Business Identification Number _____

Business Facts:

Sole Proprietorship Partnership. Limited Partnership Corporation .

Limited Liability Company

Other form of business:

Formed/Incorporated under state laws of: _____

Date of formation or incorporation: _____

Type of Business (Agricultural, Manufacturing, Etc.) _____

The Customer has a total of _____ corporate officers, shareholders, partners, general partners or proprietors:

For each such person, please provide the following information: (Please attach additional sheets as needed.)

1. Name & Title _____

2. Name & Title _____

Home Address _____

Home Address _____

City, State, Zip _____

City, State, Zip _____

Social Security Number _____

Social Security Number _____

% shares owned _____

% shares or interests owned _____

Invoicing. To whom should invoices be sent? Invoices are sent via email, fax and postal service.

Name

Address

Phone Number

Fax Number

Email Address

Facilities.

Number of Warehouses or facilities:

Approximate Square Meters (Total for all Warehouses)

Full Name, Phone and position of all persons authorized to make purchases:

1. Name & Title

2. Name & Title

BANKING

Name of Account Holder

Account Number

Bank Officer

Bank Name
Number

Phone & Fax

Mailing Address

City State

Zip

TRADE REFERENCES

Name

Address

Phone & Fax Number

Email Address

FINANCIAL STATEMENTS: Please submit Customer's current financial statements (already audited are preferable) as part of this credit application.

Please send all credit documents to: steeltrade@acemar.net or to our Fax number: +90 (216) 688-8401