



## CREDIT APPLICATION

*Please note: This credit application can only be processed as quickly as creditors respond. Thank you.*

**Please print or type**

Full Trade Name: \_\_\_\_\_

Official Name of Firm (if different): \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Line of Business: \_\_\_\_\_

Credit Line Requested: \$ \_\_\_\_\_

Taxable:  Yes  No Please complete the attached tax exemption certificate if applicable

<b>ADDRESS OF FIRM'S PRINCIPAL PLACE OF BUSINESS</b>				
Street:			P.O. Box:	City:
State:	Zip:	County:	Attn:	

<b>BILLING ADDRESS (if different)</b>				
Street:			P.O. Box:	City:
State:	Zip:	County:	Attn:	

<b>SHIPPING ADDRESS (if different)</b>				
Street:			City:	
State:	Zip:	County:	Attn:	

Contact name for Additional Information (if needed): \_\_\_\_\_

Phone: \_\_\_\_\_ Annual Sales Revenues: \$ \_\_\_\_\_

A/P Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Type of Business:  Corporation      State of Incorporation: \_\_\_\_\_  
 Partnership      Date of Incorporation: \_\_\_\_\_  
 Sole Proprietorship      Division of: \_\_\_\_\_

Date Business Started: \_\_\_\_\_

Number of Employees: \_\_\_\_\_



List owners and officers, and ownership percentage (provide home address and Social Security number if sole proprietorship or partnership). Use added sheet if necessary.

Name:		Title:		%
Street:	City:		State:	Zip:
Name:		Title:		%
Street:	City:		State:	Zip:
Name:		Title:		%
Street:	City:		State:	Zip:

**BANK INFORMATION**

Bank:		Branch:		
Street:		Account #:		
City:			State:	Zip:
Contact:		Phone:		

**LIST CURRENT CREDITORS.** Attach additional sheet if necessary.

Name:			Contact:	
Address:			Phone:	
City:	State:	Zip:	Fax:	
Name:			Contact:	
Address:			Phone:	
City:	State:	Zip:	Fax:	
Name:			Contact:	
Address:			Phone:	
City:	State:	Zip:	Fax:	

We certify that all the information on this form is correct. We understand your terms are **1% 10 days, Net 30 days** from date of invoice, and that **interest of 1-1/2% per month may be charged on all past due invoices** from due date until date paid.

\_\_\_\_\_  
Signature of OFFICER, PARTNER OR OWNER

\_\_\_\_\_  
Print Name of Person Signing

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



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5467 Evergreen Parkway  
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