



OUR CREDIT DEPARTMENT REQUIRES THE FOLLOWING INFORMATION TO BE ON FILE FOR YOUR ACCOUNT. PLEASE COMPLETE THIS APPLICATION AND FAX TO THE CREDIT DEPT. 708-924-0200.

CUSTOMER NAME: _____

BILLING ADDRESS: _____ CITY,ST,ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____

NAME(S) OF PRINCIPALS: _____ TITLE: _____

_____ TITLE: _____

A/P CONTACT: _____ EMAIL: _____

____ CORPORATION ____ PARTNERSHIP ____ LLC ____ OTHER

DATE BUSINESS STARTED: _____ FEIN NUMBER: _____

STEEL TRADE REFERENCES

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

CITY,ST,ZIP: _____ CITY,ST,ZIP: _____

PHONE#: _____ PHONE#: _____

FAX#: _____ FAX#: _____

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

CITY,ST,ZIP: _____ CITY,ST,ZIP: _____

PHONE#: _____ PHONE#: _____

FAX#: _____ FAX#: _____

BANK REFERENCE

NAME: _____ CONTACT: _____

ADDRESS: _____ CITY,ST,ZIP: _____

ACCOUNT#: _____ PHONE#: _____

The undersigned hereby agrees and warrants that all statements made on this application, and any accompanying financial information, is true and correct. Further, I agree to pay in accordance with my approved credit terms. Should the account be assigned for collection with an attorney or collection agency, I hereby agree to pay any attorney fees and/or collections fees, as well as, any court costs incurred.

In order for Alliance Steel LLC to sell and to continue to sell to purchaser, purchaser hereby represents and warrants that it is solvent and that it pays its obligations as they become due. The preceding representation and warranty will be deemed to be repeated in each purchase by purchaser.

Authorized Signature: _____

Title: _____ Date: _____

This signature authorizes the bank and trade reference firms to release pertinent information for the basis of establishing credit.