

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Contact Name Phone Number

Company Name

Date Business commenced Fax Number E-mail

Registered Company Address

City State Zip Code

Sole proprietorship Partnership Corporation Other

BUSINESS AND CREDIT INFORMATION

Primary Business Address

City State Zip Code

D&B Number

Phone Number Fax Number Tax Exemption Number

Bank Name Account Number Phone Number

Bank Address City State Zip Code

Accounts Payable Contact Name Phone Number

BUSINESS/TRADE REFERENCES

Company Name

Address

City State Zip Code

Phone Number Fax Number E-mail

Account #

Company Name

Address

City State Zip Code

Phone Number Fax Number E-mail

Account #

Company Name

Address

City State Zip Code

Phone Number Fax Number E-mail

Account #

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Central Steel Fabricators must be notified of any discrepancies on quantity or pricing within 10 days of invoice date.
3. By submitting this application, you authorize Central Steel Fabricators to make inquiries into the banking and business/trade references that you have supplied.

Shipments made to Illinois will be charged sales tax. If you are tax exempt please include a completed CRT-61 Certificate of resale with this application.

Signature Title Date