



CREDIT APPLICATION

Date: _____

Company Name: _____

Bill To Address: _____
Street , PO Box City State Zip

Ship To Address: _____

Phone Number: _____ Fax Number: _____

Is Your Business: () Individually Owned () Partnership () Corporation

Name of Owners and Title: _____

Kind of Business: _____ Years In Business _____

County: _____ Tax Exempt: Yes _____ (Enclose Exempt Form) No _____

Accounts Payable Contact: _____ P.O. Required: Yes _____ No _____

Approximate Credit Line Desired:

\$1,000-\$5,000 _____ \$5,000-\$10,000 _____ \$10,000-\$20,000 _____ Over \$20,000 _____*

*If over \$20,000, a current financial statement is required.

TRADE REFERENCES WITH WHOM YOU HAVE ESTABLISHED CREDIT

1. Company _____ Phone _____

Address _____ State _____ Zip _____

2. Company _____ Phone _____

Address _____ State _____ Zip _____

3. Company _____ Phone _____

Address _____ State _____ Zip _____

BANK INFORMATION

Name Of Bank: _____

Address: _____

Account Number: _____ Line of Credit Number: _____

Phone Number _____ Fax number _____ Contact _____

Permission For Bank To Release Information: _____

Signature

Name of Company: _____

Name of persons authorized to charge on account: _____

As a duly authorized owner/officer of the previously stated corporation, I/we, the undersigned, warrant that the information herein given is correct and request that standard credit terms be extended by Consolidated Steel Services, Inc. to our company based on this information. I/we authorize Consolidated Steel Services, Inc. to verify our credit background and further authorize our references to release information directly to Consolidated Steel Services, Inc. for such verification.

The following **TERMS OF SALE** are agreed to: Terms are net 30 days with a monthly service charge of 1½% assessed and due 30 days after billing date. Purchases, which are delinquent, will result in the account being placed on COD or CIA status. Authorization must be made for all returned merchandise at which time it will be subject to a 15% handling charge. A returned check will result in a return check fee of \$20.00 and the account being placed on COD or CIA: certified funds or cash only until the returned check(s) is/are cleared. Your credit line may be revoked or otherwise changed if returned checks are experienced.

Monthly statements are mailed for reconciliation purposes only. If the account is not paid in full as agreed, applicant agrees to pay all costs and expenses of collection, including costs and expenses on appeal, if any. These expenses shall include a reasonable attorney fee. If the outstanding balance is equal to any amount less than \$5000.00 the undersigned agrees that the attorney's fee shall be a liquidated sum of 20% of the outstanding balance. Thereof, we herein waive all rights relating to venue and agree that any and all legal actions shall be brought in the county of Cambria, State of Pennsylvania.

(Owner or Corporate Officer must sign.)

Signature

Title

Date

PERSONAL GUARANTY

The undersigned for and in consideration of the extension of credit by Consolidated Steel Services, Inc. to:

Jointly and severally hereby personally guarantee to Consolidated Steel Services, Inc. the payment of an obligation of the borrower and I/we hereby agree to bind myself/ourselves, my/our heirs, executors, administrators, successors and assigns to pay Consolidated Steel Services, Inc. on demand any sum that becomes due to Consolidated Steel Services, Inc by the borrower whenever the borrower shall fail to pay the same. It is understood that this guaranty shall be continuing and irrevocable guaranty and indemnity for such indebtedness by the borrower. I/We do hereby authorize the prothonotary or any attorney of any court to appear therein, to confess judgement therein against me/us and in favor of the holder of this guaranty for the amount named herein, with interest and costs of suit and with ten (10) percent added for attorney fees.

*****If Married, Both Parties Must Sign Agreement*****

Date _____ Date _____
Signature _____ Signature _____
Print Name _____ Print Name _____
Social Security # _____ Social Security # _____
Date of Birth _____ Date of Birth _____
Address _____ Address _____
City _____ ST _____ Zip _____ City _____ ST _____ Zip _____
Home Phone _____ Home Phone _____