

BUSINESS CONTACT INFORMATION				
Company Date			Date	
Contact name-Purchasing				
Phone:	Fax:	E-mail:		
Contact name- A/C Payable				
E-mail		Phone	Fax	
Date business commenced:				
Sole proprietorship:	Partnership:	Corporation:	Other:	
BUSINESS AND CREDIT INFORMATION				
Primary business address:				
City:		State:	ZIP Code:	
How long at current address?				
Other locations				
Bank name:				
Bank address:		Phone:	Phone:	
City:		State:	ZIP Code:	
Type of account	Account number	,		
Savings				
Checking				
Is this company the defendant in a lawsuit?	Has this company ever filed for bankruptcy or an equivalent?			
BUSINESS/TRADE REFERENCES				
<u>Company name</u> :				
Address:				
City:		State:	ZIP Code:	
Phone:	Fax:	E-mail:		
Type of account:				
Company name:				
Address:				
City:		State:	ZIP Code:	
Phone:	Fax:	E-mail:		
Type of account:				
<u>Company name</u> :				
Address:				
City:		State:	ZIP Code:	
Phone:	Fax:	E-mail:		
Type of account:		·		
AGREEMENT				
1. By submitting this application, you authorize NORTHERN STEEL to make inquiries into the banking and				
business/trade references you have supplied.				
2. You agree to credit terms of ½-10/net 30 unless otherwise stated on the invoice. Interest and penalties can be applied to late payments.				
3. Claims arising from rejections must be made within seven working days.				
SIGNATURES				
Title:		Title:		

Date:

Date: