

THIS SECTION TO BE COMPLETED BY STEEL STRUCTURAL SYSTEMS

SALES # _____ CUST ACCT # _____

**STEEL STRUCTURAL SYSTEMS
REQUEST FOR CREDIT INFORMATION**

BUSINESS NAME & ADDRESS

SHIP TO ADDRESS (IF DIFFERENT)

CONTACT: _____

CONTACT: _____

PHONE: _____

PHONE: _____

FAX: _____

FAX: _____

E-MAIL: _____

E-MAIL: _____

ACCOUNTS PAYABLE: Person to Contact _____ Phone: _____

OWNERSHIP: _____ CORPORATION _____ PARTNERSHIP _____ SOLE PROPRIETOR

TAXPAYER IDENTIFICATION NUMBER (TIN) : _____

NUMBER OF EMPLOYEES : _____

OWNERS/PRINCIPALS: _____

TITLES : _____

TYPE OF BUSINESS: _____

DATE ESTABLISHED: _____

TAX STATUS : _____ NON-EXEMPT
_____ EXEMPT # _____

(PLEASE ATTACH CERTIFICATE)

TRADE REFERENCES:

NAME: 1. _____ 2. _____ 3. _____

ADDRESS: _____

PHONE: _____

FAX: _____

DUNN & BRADSTREET NUMBER: _____

BANK REFERENCES:

1. NAME _____ ADDRESS _____
BRANCH _____ PHONE () _____ ACCT # _____

2. NAME _____ ADDRESS _____
BRANCH _____ PHONE () _____ ACCT # _____

THIS IS NOT A PERSONAL GUARANTEE:

I hereby represent that I am authorized to submit this application on behalf of the customer named above, and that the information provided is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Steel Structural Systems to investigate the references listed pertaining to my/our credit and financial responsibility. It is agreed and understood that all necessary collection and legal expenses and interest (at ____% per year or state maximum) may be charged to debtor in the event of default or failure to pay for goods sold and delivered. I/We further represent that the customer applying for credit has the financial ability and willingness to pay all invoices within established terms.

Signature _____

Officer or Authorized Agent

Title

Date

Mail, fax, or e-mail to:
Steel Structural Systems
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Louisville, KY 40209
Fax (502) 368-4244
E-mail: jsstuckert@steelstructuralsystems.com