



STEEL SUPPLY, L.P.

 DECORATIVE IRON

 *Custom Plasma Cutting*



10600 Telephone Rd. - Houston, TX 77075
Phone: (888) 380-9278 Fax: (713) 991-0022

To: Accounts Payable Department
Subject: Credit Application

On behalf of DecorativeIron, I would like to thank you for your interest in doing business with our company.

Along with this letter is a copy of our Credit Application. Our Credit Policy requires this form to be completed and retained in our files. Please complete the application; making sure to provide the proper signature at the bottom of the page. This is our assurance that you understand and agree to our credit terms. If you have any questions, please feel free to call.

Your account will NOT be approved for credit unless this form is signed and returned.

Our Credit Policy is as follows: TERMS are NET 30. Any account exceeding credit terms are subject to credit hold and/or account closing.

Thank you,
Patsy Spiers
Credit Department



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INDIVIDUAL PERSONAL GUARANTY

The following needs to be filled out by the principal(s) of the company.

I,(We)_____ for and in consideration of your extending credit at our request to _____ hereby personally guaranty to you the payment of any obligation of the above named company and I (We) hereby agree to bind myself to pay you on demand any sum which may become due to you by such company, or which may become due because of credit previously extended by you to such company, whenever such company shall fail to pay the same. It is understood that his guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the company. This obligation shall cover the renewal of any claims guaranteed by this instrument or extensions of time of payment thereof.

Date: _____

Signed: _____

Printed Name: _____

Signed: _____

Printed Name: _____



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CREDIT REFERENCES

Company Name: _____

Address: _____

Phone: (____) _____ Fax: (____) _____

Company Name: _____

Address: _____

Phone: (____) _____ Fax: (____) _____

Company Name: _____

Address: _____

Phone: (____) _____ Fax: (____) _____

Company Name: _____

Address: _____

Phone: (____) _____ Fax: (____) _____

Company Name: _____

Address: _____

Phone: (____) _____ Fax: (____) _____

Company Name: _____

Address: _____

Phone: (____) _____ Fax: (____) _____

Company Name: _____

Address: _____

Phone: (____) _____ Fax: (____) _____

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 **pipefittings**.net

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Date: _____ Company _____

Type of Business _____

Phone(____) _____ Fax(____) _____

Mailing address _____

City _____ State _____ Zip _____

Shipping address _____

City _____ State _____ Zip _____

Principals of Company:

Name _____ SS# _____ DL # _____

Address _____ Phone(____) _____

City _____ State _____ Zip _____

Name _____ SS# _____ DL # _____

Address _____ Phone(____) _____

City _____ State _____ Zip _____

Credit limit requested? _____ Date business started _____

Purchase orders required? _____ Are you tax exempt? _____

A/P Contact _____ Email _____

Prefer to receive invoices? Fax(____) _____ Email _____

Bank _____ Phone(____) _____ Fax(____) _____

Acct# _____

I HEREBY AUTHORIZE YOU TO RELEASE INFORMATION TO STEEL SUPPLY FOR THE PURPOSE OF OPENING A CREDIT ACCOUNT.

Signature: _____

Printed Name: _____

TEXAS SALES AND USE TAX EXEMPTION CERTIFICATION

Name of purchaser, firm or agency:

Address (Street & number, P.O. Box or Route number):

Phone (Area code and number): ()

City, State, ZIP code

I, the purchaser named above, claim an exemption from payment of sales and use taxes for the purchase of taxable items described below or on the attached order or invoice form:

Seller:

Street address:

City, State, ZIP code:

Description of items to be purchased or on the attached order or invoice:

Purchaser claims this exemption for the following reason:

I understand that I will be liable for payment of sales or use taxes which may become due for failure to comply with the provisions of the Tax Code: Limited Sales, Excise, and Use Tax Act; Municipal Sales and Use Tax Act; Sales and Use Taxes for Special Purpose Taxing Authorities; County Sales and Use Tax Act; County Health Services Sales and Use Tax; The Texas Health and Safety Code; Special Provisions Relating to Hospital Districts, Emergency Services Districts, and Emergency Services Districts in counties with a population of 125,000 or less.

I understand that it is a criminal offense to give an exemption certificate to the seller for taxable items that I know, at the time of purchase, will be used in a manner other than that expressed in this certificate and, depending on the amount of tax evaded, the offense may range from a Class C misdemeanor to a felony of the second degree.

Sign here: _____ Title _____ Date _____

NOTE: This certificate cannot be issued for the purchase, lease, or rental of a motor vehicle. THIS CERTIFICATE DOES NOT REQUIRE A NUMBER TO BE VALID. Sales and Use Tax "Exemption Numbers" or "Tax Exempt" Numbers do not exist. This certificate should be furnished to the supplier. Do not send the completed certificate to the Comptroller of Public Accounts. 01-339 (Back) (Rev. 11-95/3)