



TO: ACCOUNTS PAYABLE DEPARTMENT

SUBJECT: CREDIT APPLICATION

On behalf of Steel Supply, LP, 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 the Credit Application form is signed and returned.

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

Please complete and return this application to [AR@STEELSUPPLYINC.COM](mailto:AR@STEELSUPPLYINC.COM)

Thank you,

Leonard Schluns  
V.P. of Finance



# STEEL SUPPLY, L.P.

Date: \_\_\_\_\_ Company: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Bill to Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Ship to 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 Request? \_\_\_\_\_ Date Business Started? \_\_\_\_\_ SIC Code \_\_\_\_\_

Dunn & Bradstreet # \_\_\_\_\_ Purchase Orders Required? \_\_\_\_\_ Tax Exempt? \_\_\_\_\_

A/P Contact \_\_\_\_\_ Email \_\_\_\_\_

**Preference to receive invoices?** Fax \_\_\_\_\_ Email \_\_\_\_\_

Bank Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Acct # \_\_\_\_\_

**Please allow approximately two weeks for processing.**

I HEREBY AUTHORIZE YOU TO RELEASE INFORMATION TO STEEL SUPPLY, L.P. FOR THE PURPOSE OF OPENING A CREDIT ACCOUNT. FOR ACCOUNTS SEVERLY DELINQUENT (DEFINED AS AGED OVER (90) DAYS FROM INVOICE DATE) SELLER RESERVES THE RIGHT TO CHARGE INTEREST ON SAID BALANCES WHICH REMAIN UNPAID OF 1.5% PER MONTH (18% PER ANNUM) OR THE MAXIMUM ALLOWED BY LAW. IF ANY DEFAULT IS MADE IN PAYMENT OF AMOUNTS DUE FOR SALES OF GOODS HEREUNDER; AND THE ACCOUNT IS PLACED IN THE HANDS OF ANY ATTORNEY FOR COLLECTIONS, BUYER AGREES TO PAY SELLER'S RESONABLE COST OF COLLETION, INCLUDING ATTORNEY'S FEES, NOT TO EXCEED THE AMOUNT ALLOWED BY ANY APPLICABLE STATUTE.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

10600 TELEPHONE ROAD, HOUSTON, TX 77075  
14130 WEST ROAD, HOUSTON, TX 77041  
TEL 713.991.7600 TOLL FREE 866.991.7600 FAX 713.991.0022  
[WWW.STEELSUPPLYLP.COM](http://WWW.STEELSUPPLYLP.COM)



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 this 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: \_\_\_\_\_

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_



CREDIT REFERENCES

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_