

**APPLICATION FOR CREDIT WITH GILLETTE STEEL CENTER**

P.O.BOX 2196 GILLETTE , WY 82716

PHONE # (307)-687-7740

FAX # (307)-682-7674

NAME OF COMPANY \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

ADDRESS \_\_\_\_\_

AREA CODE PHONE FAX

CITY STATE ZIP

YEARS AT THIS ADDRESS \_\_\_\_\_

Are purchase order numbers required? \_\_\_\_\_

PURCHASES FOR RESALE \_\_\_\_YES \_\_\_\_NO  
(If purchases are for resale, a copy of your tax-exempt certificate is required.)

In order to determine sufficient credit to meet your needs, what is your approximate monthly steel usage? \_\_\_\_\_

The following information must be provided. It will be held in the strictest confidence.

Corporation  Check here if incorporated within the past 12 months  Partnership  Individual

**OWNERSHIP:**

- 1. NAME(S) OF PRINCIPLE(S) COMPLETE ADDRESS ZIP PHONE
- 2. \_\_\_\_\_

**FINANCE:**

BANK ADDRESS  
BANK OFFICER OR DEPARTMENT PHONE

**REFERENCES:**

- 1. BUSINESS NAME COMPLETE ADDRESS ZIP PHONE FAX
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**CREDIT AGREEMENT**

In providing credit to you, we must have you sign below stating that you agree to abide by our credit terms. Our terms are 1/2 10, net 30. You will receive an invoice in the mail within a few days after an order has been delivered to you. Payment is due in our office 30 days from the date of the invoice. A statement will also be mailed to you at the end of each month to provide you with a summary of your account activity.

If we receive payment within 10 days of the invoice date, you may deduct one-half a percent form the billing amount (excluding taxes).

If the discount is not taken, payment is expected within 30 days of the invoice date. If payment is not received in 30 days, a 1.5 percent finance charge per month (18 percent per year) will be assessed from the date of purchase.

Should collection proceedings be necessary, you are agreeing to pay for all attorneys' fees incurred.

We certify that all the information on this form is correct. We fully understand the Gillette Steel Center Credit Terms and agree to the proper payment in consideration of extended credit.

SIGNATURE OF AUTHORIZED REPRESENTATIVE \_\_\_\_\_

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

TITLE \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

DATE \_\_\_\_\_

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*Do not write in this space, for office use only.*

APPROVAL BY CORPORATE OFFICER \_\_\_\_\_

DATE \_\_\_\_\_

REFERENCES CHECKED \_\_\_\_\_

CREDIT LIMIT \_\_\_\_\_

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