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APPLICATION FOR COMMERCIAL CREDIT
(Please complete the application and return by fax)

LEGAL BUSINESS NAME: _____
TRADE NAME: _____
BILLING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____
WEBSITE ADDRESS: _____ EMAIL ADDRESS: _____
OWNER/CEO/OR PRESIDENT: _____ DATE BUSINESS STARTED: _____
ACCOUNTS PAYABLE CONTACT: _____ PHONE: _____
NATURE OF BUSINESS: _____ TAXABLE ()YES ()NO
TAX EXEMPT NUMBER: _____ (OR ATTACH TAX EXEMPT FORM)

TRADE REFERENCES

VENDOR NAME: _____ PHONE: _____
ADDRESS: _____ FAX: _____
CITY, STATE, ZIP: _____ CONTACT: _____

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ADDRESS: _____ FAX: _____
CITY, STATE, ZIP: _____ CONTACT: _____

BANK / TRADE REFERENCE AUTHORIZATION

Please note: This portion of the application **must be completed** to be considered for credit.

BANK: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

BUSINESS CHECKING ACCT #: _____

CONTACT: _____ POSITION HELD: _____

BONDING AGENT (IF APPLICABLE): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

CONTACT: _____

Authorization is hereby given for the bank and credit references listed on this application to release credit information on our account to Iron Horse Pipe & Steel.

COMPANY

SIGNATURE

PRINT NAME & TITLE

DATE