



**APPLICATION FOR CREDIT**

1800 Dale Road  
Buffalo, New York 14225  
PHONE: 716-892-8434  
FAX: 716-892-8437

Date of Application \_\_\_\_\_

**BILLING ADDRESS:**

Name of Business \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_ County \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Mobil Phone \_\_\_\_\_

**SHIPPING ADDRESS: Same as Billing Address ( )**

Name of Business \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_ County \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**TYPE OF BUSINESS:**

Years in Business \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Individual ( ) Partnership ( ) Corporation ( ) LLC ( )  
Government ( ) Sole Proprietorship ( ) LLP ( )  
Accounts Payable Contact \_\_\_\_\_  
Purchase Order Required YES ( ) NO ( )

If no purchase order is required, please specify and list names of persons authorized to purchase:

\_\_\_\_\_  
\_\_\_\_\_

**NAMES OF OFFICERS/OWNERS:**

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_ County \_\_\_\_\_  
Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
Social Security# \_\_\_\_\_ % of Ownership \_\_\_\_\_  
Former/Present Affiliated Companies \_\_\_\_\_  
How Related \_\_\_\_\_  
Ever File Bankruptcy: \_\_\_\_\_ If yes, give City & State \_\_\_\_\_

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_ County \_\_\_\_\_  
Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
Social Security # \_\_\_\_\_ % of Ownership \_\_\_\_\_  
Former/Present Affiliated Companies \_\_\_\_\_  
How Related \_\_\_\_\_  
Ever File Bankruptcy: \_\_\_\_\_ If yes, give City & State \_\_\_\_\_



Name of Business \_\_\_\_\_

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**TRADE REFERENCES:**

**Fax numbers must be provided for all references.**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Contact Person \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Contact Person \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Contact Person \_\_\_\_\_

**BANK REFERENCES:**

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Contact \_\_\_\_\_ Account # \_\_\_\_\_

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Contact \_\_\_\_\_ Account # \_\_\_\_\_

**NOTE:** It is understood by signing this application, I am acknowledging and accepting that a service charge will be added to past due invoices in the amount of 1.5% (annual rate 18%). Customer agrees to pay all costs of collection, including Attorneys Fees. Merchandise may not be returned without prior authorization of Upstate Steel, Inc. Upstate Steel reserves the right to add a restocking charge for all returned material. By signing this application, I acknowledge that I have read and understand the terms of sale, and agree to abide by them.

**GUARANTEE:** Notwithstanding the fact that this application may be executed in a corporate or representative capacity, each of the undersigned, for consideration, do hereby individually and personally guarantee the full and prompt payment of all indebtedness heretofore or hereafter incurred by the above business. This guarantee shall not be affected by the amount of credit extended or any change in the form of said indebtedness. Notice of extension of credit, modification in terms of payment, and any right or demand to proceed against the principal debtor is hereby waived. This guarantee may only be revoked by written notice. Any revocation does not revoke the obligation of the guarantors to provide prompt payment for indebtedness incurred prior to the revocation.

The undersigned grants you the permission to check their business and individual references and credit rating and obtain and exchange information regarding their credit records.

**SIGNATURE** \_\_\_\_\_  
Date \_\_\_\_\_  
Printed \_\_\_\_\_  
Address \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_  
Date \_\_\_\_\_  
Printed \_\_\_\_\_  
Address \_\_\_\_\_