

Signature

## APPLICATION FOR CREDIT

2422 Iona Road (208)524-0214

PO Box 1401 (800)877-1609

Idaho Falls, ID 83403 Fax(208)524-6613

Date

Title

Thank you for choosing Vernon Steel. Our terms on open accounts are outlined here. It is required that the information supplied be true, be updated immediately in writing if any change occurs and may be used to check the credit history of the entity, owner/s and corporate officers. It is also required that the account be paid(bankable funds received by Vernon Steel) within the following credit terms: INVOICE TOTAL 30 days after receipt of material --or-- STATEMENT BALANCE ten days from statement date, SERVICE CHARGES (18% APR) and COLLECTION COSTS assessed on past due balances, and placement on COD status without notice for failure to pay within terms. CREDIT CARDS NOT ACCEPTED FOR PAYMENT ON ACCOUNT.

I certify that I am in a position with the requesting entity to agree to the above terms.

	Signature	···	Title	Date
PLEASETo process your re	equest, we must have all lines of	THIS FORM completed even if In Business		information sheet.
ACCOUNT NAME		Since	FED TAX I	D#
MAILING ADDRESS		CITY	STATE_	ZIP
PHYSICAL ADDRESS	•	CITY	STATE_	ZIP
DELIVERY ADDRESS		CITY	STATE_	ZIP
PHONE	FAX	ACCOUNTS I	PAYABLE CONTACT	
NATURE OF BUSINESS			CREDIT LIMIT REQUESTE	D
MARKETING INFORMATI	ON MAY BE SENT TO: FAX	<u> </u>	e-mail	
DO YOU REQUIRE PURCH  ***Name on sales tax cert	IASE ORDERS?NO_	YES ARE Y t, sales tax will be charged until ex	OU SALES TAX EXEMPT?	NO YES*** on file with Vernon Steel.***
Please provide the follow	ing on owner/s and corporate	e officers:		
NAME (PLEASE PRINT)	TITLE	SOC.SEC#	HOME ADDRESS	PHONE
Bank Name		Location		
Phone	A	Account #		
Please provide contact in	formation on three companie	es where purchases are curre	ently made <u>on open accoun</u>	<u>t:</u>
	edit history requests be in writin	•		
COMPANY	ACCOUNT #	ADDRESS	PHONE	FAX(REQUIRED)
		NTY FOR PAYMENT OF EN		
I agree to the terms and PER	SONALLY accept responsibility	for payment of all outstanding d	ebt between Vernon Steel and th	e entity requesting credit.
Signature	Printed Nar	ne Social Security I	Number Relationship wi	th entity Date
To establish an open acco	ount with Vernon Steel, I ce	rtify that I have the authorit	ty to request the release of	financial information on:
	Nar	ne of account requesting	credit	

**Printed Name**