

# EAST TENNESSEE STEEL SUPPLY COMPANY

423-587-3500 or Toll-Free 800-332-1001 • Fax 423-585-5100

## Credit Application

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

Company or Individual Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date Business Started: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Type of Company: ( ) Corporation ( ) Partnership ( ) Individual ( ) Limited Liability Corp. (LLC)

Principal Owners: \_\_\_\_\_

Parent Name & Location if applicable: \_\_\_\_\_

Type of Business: \_\_\_\_\_ What do you manufacture: \_\_\_\_\_

Bank Reference: \_\_\_\_\_ City/State: \_\_\_\_\_

Banker's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Business Credit References (preferably steel companies)

1. Name: \_\_\_\_\_ Phone # \_\_\_\_\_ City/State: \_\_\_\_\_ Fax # \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone # \_\_\_\_\_ City/State: \_\_\_\_\_ Fax # \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone # \_\_\_\_\_ City/State: \_\_\_\_\_ Fax # \_\_\_\_\_

4. Name: \_\_\_\_\_ Phone # \_\_\_\_\_ City/State: \_\_\_\_\_ Fax # \_\_\_\_\_

Is a monthly statement required? ( ) Yes ( ) No Tax Exempt? ( ) Yes ( ) No If yes, attach Certificate of Resale Form.

### Special Information:

1. How do you unload material? \_\_\_\_\_

2. What is your maximum lift? \_\_\_\_\_

3. What are your receiving hours? \_\_\_\_\_

I (We) submit the above information to EAST TENNESSEE STEEL SUPPLY CO. for their consideration in establishing open charge privileges. I (We) understand that all accounts not paid within 30 days from the date of invoice are subject to a service charge of 18% per annum or the maximum allowable rate in the State of Tennessee, if higher. I (We) agree to pay reasonable attorney fees and/or collection expenses should it become necessary to place for collection any outstanding past due balance. Your signature on this application means you understand and agree to abide by ETSS Terms of 1/2% 10-Net 30 Days.

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

By: \_\_\_\_\_ Print Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Authorized Signature)

This application form must be completed and signed by an officer or authorized person even if you wish to send your own credit information sheet. Please call on any questions.