Credit Application



East Tennessee Steel Supply Company 1985 South Economy Road Morristown, TN 37815

Phone: (423) 587-3500 Fax: (423) 585-5100 Credit Fax: (423) 267-4858

Name of Compar	ny/Individual:				
Billing Address:			_ City:	State:	Zip:
Shipping Address:			_ City:	State:	Zip:
Phone:	Fax:		Mobile:		
Date Business Sta	arted/Incorporated: _		Principal Owner(s):	 -	
Ownership: () Corporation () LLC () Sole Proprietor		
AP Contact: Pl			hone:	Email:	
If you wish to reco	eive emailed invoices,	please provid	e address:		
Parent Name & A	Address (if applicable):			
Type of Business	:: () Resale () Fabricatio	on () Manufactur	ing	
Bank: Contact Name: _				Phone:	
Business Trade	References (Prefera	bly Steel Co	ompanies)		
	Firm		City/State	Phone Number	Fax Number
1.			•		
2.					
3.					
4.					
Is a monthly state	ement required? ()	Yes ()No	Tax Exempt? ()	Yes* () No * If yes,	attach Certificate of Resa
Special Instructi	ions:				
How do you unlo	oad material?		Maximum l	ift:lbs	
Receiving hours:					
consideration in estal subject to a service cl reasonable attorney f	blishing open charge priv harge of 15% per annum of ees and/or collection expe	ileges. I (We) to the maximum enses should it l	Supply Company, a division understand that all accounts a allowable rate in the State become necessary to place for agree to abide by Siskin's '	not paid within 30 days from of Tennessee, if higher. I (for collection any outstanding	m the date of invoice are We) agree to pay g balance. Your
Signature of Off	ficer:		T	itle:	
	(Aut	horized Signatı	ure)		
Print Name:			Date:		

*This application must be completed and signed by an officer or authorized person **even if a separate sheet of credit information is provided.** Please contact Siskin Steel Credit Department with any questions.