



CREDIT APPLICATION AND AGREEMENT

1. Company Name: _____
Physical Address: _____
City, State, Zip: _____
Phone No. (Area code first): _____ Fax No.: _____
Mailing address: _____
Federal ID Number (Social security number if proprietorship): _____

2. Nature of Business: _____
3. Years in business: _____ Number of Employees: _____

4. Contacts:
President: _____ E-mail: _____ Phone: _____
V. President: _____ E-mail: _____ Phone: _____
Treasurer: _____ E-mail: _____ Phone: _____

5. Trade References:
Name: _____
Address: _____ City: _____ State: _____ Zip: _____
E-mail Address: _____
Phone: _____ Fax: _____
Name: _____
Address: _____ City: _____ State: _____ Zip: _____
E-mail Address: _____
Phone: _____ Fax: _____
Name: _____
Address: _____ City: _____ State: _____ Zip: _____
E-mail Address: _____
Phone: _____ Fax: _____

6. Bank Reference:
Bank: _____
City, State, Zip: _____
Loan Officer: _____ Phone: _____

7. Credit Line Requested: _____ Purchase Orders Required? [] Yes [] No

8. [] Proprietorship [] Partnership [] Corporation (In Which State _____ Year _____)

Your Steel Supermarket



Agreement and Signatures

I understand that the above information is for the use of Cohen Steel Supply's Credit Department. I also understand that the credit references may be contacted to obtain personal and business information, including credit bureau reports. I agree to the payment terms of 2% 10 Net 30 and accounts not paid within 30 days may incur a finance charge of 2% per month (24% annually). I also agree to pay costs of collection and reasonable attorney fees in the event the account becomes overdue.

Signature: _____ Date: _____
Print Name: _____

(Sole Proprietors must sign both areas)

I understand that Cohen Steel Supply, Inc. has been asked to extend credit to the business entity set forth above. I further understand that the requested credit will not be extended without my personal guarantee of the business debt as additional protection to Cohen Steel Supply, Inc. in the event of default. I hereby agree that I shall be personally jointly and severally liable for any debt due to Cohen Steel Supply, Inc. as a result of credit extensions made pursuant to this agreement, on the same terms and conditions as set forth herein.

Signature: _____ Date: _____
Print Name: _____

Other Requested Information

Would your deliveries be: Hand Unload Machine Unload

Fax Number or Email for delivery of your invoices: _____

Tax Exempt Status (if not a NH business) Non-Exempt Exempt (please send certificate)

Website Address: _____

Accounts Payable Contact: _____ Email: _____

Phone: _____

Purchaser/Buyer Contact: _____ Email: _____

Phone: _____

Your Steel Supermarket

10 BASIN STREET, CONCORD, NH 03301 TOLL FREE 1-800-225-6643 / 603-225-2047 / FAX 603-226-3397 WWW.COHENSTEEL.COM