

STAINLESS STEEL SERVICE CENTER

CREDIT APPLICATION

BUSINESS NAME:		
BUSINESS ADDRESS:		
SHIPPING ADDRESS:		
PHONE:	FAX:	
TAX EXEMPT?	TAX NUMBER:	
TYPE OF BUSINESS:		
CREDIT LIMIT REQUESTED:		
BUSINESS CONTACTS: PLEASE PROVIDE NAME & E-MAIL FOR DOCUMENT DELIVERY		
WOULD YOU LIKE TO RECEIVE	INVOICES VIA E-MAIL, FAX OR USPS?	
ACCOUNTS PAYABLE:		
WOULD YOU LIKE TO RECEIVE ELECTRONIC DOCUMENTS - I.E. QUOTES, SALES ORDERS, ORDER ACKNOWLEDGEMENTS?		
PURCHASER:		
BANK REFERENCE:		
BANK NAME:		
ADDRESS:		
BANK CONTACT:	PHONE:	

PLEASE PROVIDE 3 BUSINESS REFERENCES:		
NAME:		
ADDRESS:		
PHONE:	FAX:	
E-MAIL:		
NAME:		
ADDRESS:		was exactly tree.
PHONE:	_ FAX:	
E-MAIL:	,	
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NAME:		
PHONE:	FAX:	and the second s
E-MAIL:		
SIGNATURE	TITLE	DATE
THANK YOU FOR TAKING THE TIME TO COMPLETE THIS APPLICATION. IF I CAN BE OF ANY FURTHER HELP TO YOU PLEASE FEEL FREE TO CONTACT ME AT (716) 827-1100.		
SINCERELY,		
Kristen Reilly		
KRISTEN REILLY		
CONTROLLER		