



STEEL SUPPLY, L.P.

Date _____ Company _____

Type of Business _____

Phone _____ Fax _____

Bill to Address _____

City _____ State _____ Zip _____

Ship to Address _____

City _____ State _____ Zip _____

Principals of Company:

Name _____ SS# _____ DL# _____

Address _____ Phone# _____

City _____ State _____ Zip _____

Name _____ SS# _____ DL# _____

Address _____ Phone# _____

City _____ State _____ Zip _____

Credit Limit Request? _____ Date Business Started? _____ Sic Code _____

Dunn & Bradstreet # _____ Purchase Orders Required? _____ Tax exempt? _____

A/P Contact _____ Email _____

Preference to receive invoices? Fax _____ Email _____

Bank Name _____ Phone# _____ Fax# _____

Acct# _____

Please allow approximately two weeks for processing.

I HEREBY AUTHORIZE YOU TO RELEASE INFORMATION TO STEEL SUPPLY, L.P. FOR THE PURPOSE OF OPENING A CREDIT ACCOUNT.

Signature _____

Printed Name _____