

Credit Application PLEASE RETURN BY EMAIL

TO YOUR RSM:

800-345-2495 (PHONE)

BUSINESS INFORMATION			DESCRIPTION OF BUSINESS					
NAME OF BUSINESS			NO. OF EMPLOYEES		CREDIT REQUESTED		TYPE OF BUSINESS	
LEGAL (IF DIFFERENT)			IN BUSINESS SINCE		TAX ID#		<u> </u>	
ADDRESS			BUSINES	STRUCTUR	<u> </u> E			
CITY PHONE			Corporation Partne		Partnership	Propr	prietorship	
			_ corporatio	•	1	1	1	
STATE ZIP	FA	X	DIVISION/PARENT COMPANY					
MAIL ADDRESS:			QUALITY STI	EEL SALESM.	AN			
	COMPANY	PRINCIPALS RE	SPONSIBLE	FOR BUSI	NESS TRANSAC	CTIONS		
IAME	TIT	TLE	ADDRESS			PHON	ΝΕ	
NAME	TI	TLE	ADDRESS			PHON	NE	
ME TITLE			ADDRESS			PHON	PHONE	
		BANK I	REFERENCE					
NAME OF BANK			NAME TO CONTACT					
BRANCH				ADDRESS				
CHECKING ACCOUNT NO.		TELEPHONE NUMBER/ <u>FAX NUMBER</u>						
		TRADE	REFERENCE	ES .				
REFERENCE COMPANY	NAME	CONTACT NAM	ИΕ	FAX OR	PHONE NUMBER	EMA	IL ADDRESS (If Known)	
hereby certify that the information	rize Quality Steel to run a	tion is correct. The infor full investigation of my c	mation included in redit history includ	this credit app ling, but not lir	olication is to be used to	determine the	VERIFY e amount and conditions of creditions of creditions are port. Further, I hereby authori	
SIGNATURE			TITLE			D.	ATE	
		TIAL ORDER FR MPANIED BY THI	E ABOVE RE	QUESTED	INFORMATION	N	CD .	