



1214 - 16th Street
Racine, WI 53403

Application For Credit

Trade Name _____ Address _____
Phone () _____ Fax () _____
Email _____ Resale/ Tax Number _____
AP Email _____

The following information must be completed in full and will be held in the strictest confidence.

Please circle one: Corporation Partnership Individual

Type of Business: _____

Company Personnel Data

President/ Owner _____ Sales Manager _____
Address _____ Buyer _____

Credit References

1) Supplier _____ 2) Supplier _____
Address _____ Address _____
City, State, Zip _____ City, State, Zip _____
Phone _____ Phone _____
Fax _____ Fax _____

3) Supplier _____ 4) Supplier _____
Address _____ Address _____
City, State, Zip _____ City, State, Zip _____
Phone _____ Phone _____
Fax _____ Fax _____

No Steel Supplier References Accepted

Bank Reference

Name _____ Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Bank Account Number _____

We certify that all the information on this form is correct and that we agree to proper agreement.

Accepted by: _____ Date: _____