

CREDIT APPLICATION



CREDIT INFORMATION AND TERMS AGREEMENT

PLEASE COMPLETE THIS FORM INCLUDING PAGE 2 (SALES TAX), PAGE 3 (CUSTOMER SERVICE), AND SIGN THE AGREEMENT TO OUR TERMS.

New Update

LOCATION REQUESTING ACCOUNT
 CT CO MN NM

Applicant _____ Trade/Legal Name _____

Mailing Address _____ City _____ State _____ Zip _____

Ship to Address _____ City _____ Zip _____ Phone _____

Is the facility where the business is located: Owned Leased Rented Date Established _____

Nature of Business _____

Business Type: Individually Owned Partnership Corporation Subsidiary Division

Parent Company Name _____ Incorporated in the State of _____

Date Incorporated _____ Duns No. _____ Rating _____

Parent Co. Address _____ City _____ State _____ Zip _____

OWNER(S) OR PRINCIPAL OFFICER(S)

Name _____ Title _____ Residence Phone _____

Residence Address _____ City _____ State _____ Zip _____

Name _____ Title _____ Residence Phone _____

Residence Address _____ City _____ State _____ Zip _____

Will a P.O. be issued for each purchase? Yes No Buyer's Name _____

Accounts Payable Contact _____ Phone _____

Bank Name _____ Bank Officer _____ Phone _____

Bank Address _____ City _____ State _____ Zip _____

Commercial Credit Reference (Preferably Metal Suppliers)

Supplier's Name _____ City _____ State _____ Phone _____

Fax _____ Contact _____ Email _____

Supplier's Name _____ City _____ State _____ Phone _____

Fax _____ Contact _____ Email _____

Supplier's Name _____ City _____ State _____ Phone _____

Fax _____ Contact _____ Email _____

Supplier's Name _____ City _____ State _____ Phone _____

Fax _____ Contact _____ Email _____

PAYMENT TERMS: 1/2% 10 DAYS, NET 30 DAYS.

I/WE HEREBY AUTHORIZE ANY OF THE TRADE REFERENCES AND BANK REFERENCES LISTED IN THIS APPLICATION TO PROVIDE ERICKSON METALS CORPORATION WITH ANY AND ALL INFORMATION REQUESTED.

Applicant _____ By **X** _____ Date _____

Title

THIS APPLICATION MUST BE SIGNED. Please turn page and complete Sales Tax Certificate and Customer Service Information.

Note: Erickson Metals Corporation will charge all applicable sales tax unless this document is completed and signed. Please include copy of sales tax license if non-taxable. Thank You.

Sales Tax Exemption Certificate

We are engaged as a: Retailer Wholesaler Manufacturer Lessor Contractor
 Not-for-profit Organization Other _____

We are purchasing for: Resale Manufacturing Leasing A tax exempt entity Our own use
 Other _____

Purchases from Erickson Metals will be Taxable Exempt Variable—We will advise Erickson Metals Corporation as necessary to define tax status.

If all or any of your purchases from Erickson Metals Corporation is tax exempt, please fill out the following:

Applicant is registered with the below-listed states and cities within which Erickson Metals Corporation would deliver purchases, and such purchases are for wholesale, resale, or components of products to be resold, leased, or rented in the normal course of business. Applicant is a tax exempt entity or in the business of wholesaling, retailing, manufacturing, and/or leasing (renting) in the following:

State _____ State tax or I.D. no. _____

City _____ City tax or I.D. no. _____

State _____ State tax or I.D. no. _____

City _____ City tax or I.D. no. _____

I hereby certify that the property that is to be purchased by the use of this exemption certificate is to be used for an exempt purpose pursuant to the **State and/or City Sales Tax Act**. Otherwise, if any property so purchased tax-free is used or consumed by the firm so as to make it subject to **sales tax**, we will pay the tax due to the proper authority when the law so provides or inform the seller for added tax billing.

(Company Exemption Certificates are not valid for personal purchases.)

I certify and affirm that the information on this form is true and correct.

Authorized signature **X** _____ (must be signed)

Applicant Name _____ Date _____

This certificate shall be part of each order which we may hereafter place with you, unless otherwise specified and shall be valid until cancelled by us in writing.

Please continue to the next page and complete Customer Service information.

Customer Service Information

1. What are your unloading (receiving) hours?

Time _____ Time _____
start receiving truck needs to arrive no later than

Is there a lunch or other break in your receiving hours?

Time _____ Time _____
from until

2. How will you unload or handle our deliveries? Forklift Overhead Crane By Hand

Other _____
please specify

3. What is the maximum lifting capacity of your unloading equipment?

2000# 4000# 6000# 10,000# Other _____
please specify

4. Please indicate any bundling or lift requirements

5. Who, in your organization, should our driver or his supervisor call if our truck has been delayed and cannot arrive within your normal receiving hours?

Name Title Telephone Extension

6. Please add any other details that would help us in serving you.

THANK YOU for filling out completely.