234 E. Ave. "A" - South Industrial Area - P.O. Box 2897 - Salina, Kansas 67402-2897 - 785-825-2138 - Fax # 785-822-1211

CREDIT APPLICATION

Please fill application out completely. Please type or print clearly.

Delivery Address	State Zip Code Cell ()	Firm Na	ame			Phone ()		
City State Zip Code Cell () Billing Address E-Mail E-Mail City State Zip Code Proprietor or Partner's Names Credit Amount Requested Corporation Partnership Date business established Affiliate of Federal Tax ID No. (Social Security No) Business (Principal Products Manufactured or Sold) — Type of Outlet: Manufacturer Contractor Distributor Dealer Other Sales Tax Status - Please check below: Pay Sales Tax OR Exempt Attach exemption certificate: Resale Agriculture Other Purchasing Contact Email Address Email Address BANK INFORMATION Email Address Email Address BANK INFORMATION State Zip Code Account Number: Checking Loans: Yes Signature Authorizing Bank to Supply Information Title TRADE REFERENCES 1. Name Phone () Address	State	Delivery	y Address			Fax ()		
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234 E. Ave. "A" • South Industrial Area • P.O. Box 2897 • Salina, Kansas 67402-2897 • 785-825-2138 • Fax # 785-822-1211

PEOPLE OF IMPORTANCE

In order to help serve you better, we would like to ensure that the information we have is current and accurate. Please complete this form and return to Salina Steel Supply, Inc., P.O. Box 2897, Salina, KS 67402-2897 or fax to (785) 822-1211. PLEASE TYPE OR PRINT LEGIBLY. Thank you.

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DELIVERY INSTRUCTIONS

PLEASE COMPLETE ONE SHEET FOR EACH DELIVERY LOCATION

Name of Company:				
WEIGHT LIMITATIONS: Do you have any weight limitations If so, please list your restrictions b				
BUNDLING REQUIREMENTS: Do you have any special bundling all aluminum together)? If so, plea	se indicate below.			
UNLOADING: How will you unload your orders fr Mark all that apply Forklift Other, please specify:				
RECEIVING HOURS and DAYS: What are your receiving hours? If you do not receive during lunch				PM
DELIVERY DIRECTIONS:	ponou, mien are yeu ei			
On the lines below, please provide south of town on Hwy 16, three mi on north side of road. (Example: 3	iles to Roaming Road, t	urn east, go 4 mi. to	blue building	
PERSON IN CHARGE OF RECEI	VING MATERIAL:			
Name:	Phone:	Ext:	Cell Numbe	er:
Do you need a call prior to delivery	y?Yes No	If yes, how far in ac	lvance?30 ı	min 60 min