



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.

Firm Name Phone ()
Delivery Address Fax ()
City State Zip Code Cell ()
Billing Address E-Mail
City State Zip Code

Proprietor or Partner's Names Credit Amount Requested
Corporation, Partnership, Sole Proprietorship Date business established
Affiliate of Federal Tax ID No. (Social Security No)

Business (Principal Products Manufactured or Sold)
Type of Outlet: Manufacturer Contractor Sub-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
Accounts Payable Contact Email Address

BANK INFORMATION

Name Branch Contact
Address Phone () FAX ()
City State Zip Code
Account Number: Checking Loans: Yes No
Signature Authorizing Bank to Supply Information Title

TRADE REFERENCES

- 1. Name Phone ()
Address Fax ()
City State Zip Code Contact
2. Name Phone ()
Address Fax ()
City State Zip Code Contact
3. Name Phone ()
Address Fax ()
City State Zip Code Contact

Customer hereby authorizes Salina Steel Supply, Inc. to exchange credit reporting information with anyone. Customer hereby authorizes Salina Steel Supply, Inc. to perform a credit check at any time. Customer understands that the credit terms are 1/2% discount if payment is postmarked within 10 days of invoice; net due within 30 days of invoice. The customer agrees to make payment in full to Salina Steel Supply, Inc. for all amounts due according to Salina Steel Supply, Inc. invoice on or before the due date. Customer agrees to pay interest on all amounts that are past due. Interest will be charged monthly at 1.5% (18% annually). If the Customer should default in any payment, Salina Steel Supply, Inc. has reserved the right to declare all invoice amounts due and payable without notice to the Customer. Additionally, the Customer will be responsible for all collection cost and attorney fees, whether suit is filed or not, in order to collect any delinquent amounts. The undersigned certifies that all the information contained herein is true to the best of their information, knowledge and belief. The Customer agrees to adhere to credit/service policies established by Salina Steel Supply, Inc. Salina Steel Supply, Inc. can refuse credit at any time and that completion of the Credit Application does not guarantee an extension of credit.

Authorized Signature Title Date



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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.

Name of Company _____

Mailing Address _____

City _____ State _____ Zip _____

Delivery Address _____

City _____ State _____ Zip _____

Ordering / Purchasing:

List the person(s) responsible for ordering steel products for your company.

Name _____

Phone _____ ext. _____ Business Cell Phone _____

Fax _____ Business email _____

Name _____

Phone _____ ext. _____ Business Cell Phone _____

Fax _____ Business email _____

Receiving:

List the person(s) responsible for receiving/checking-in steel products for your company.

Name _____

Phone _____ ext. _____ Business Cell Phone _____

Fax _____ Business email _____

Name _____

Phone _____ ext. _____ Business Cell Phone _____

Fax _____ Business email _____

Accounts Payable:

List the person(s) responsible for accounts payable for your company

Name _____

Phone _____ ext. _____ Business Cell Phone _____

Fax _____ Business email _____

Name _____

Phone _____ ext. _____ Business Cell Phone _____

Fax _____ Business email _____

We can email, fax or mail invoices

How would you prefer to receive your invoices? (Circle one please and provide corresponding information.)

Email _____

Fax _____

Mail _____



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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 (such as maximum 500# or maximum 5000# bundles) etc?
If so, please list your restrictions below so that we can process orders according to your specifications.

BUNDLING REQUIREMENTS:

Do you have any special bundling or handling requirements (such as mill bundles must be banded or bundle all aluminum together)? If so, please indicate below.

UNLOADING:

How will you unload your orders from our delivery trucks?
Mark all that apply Forklift _____ Crane/ Hoist _____ Other _____
Other, please specify:

RECEIVING HOURS and DAYS:

What are your receiving hours? Days: M Tu W Th F (Circle) Hours: _____ AM to _____ PM
If you do not receive during lunch period, when are you closed for lunch? _____

DELIVERY DIRECTIONS:

On the lines below, please provide brief delivery directions to your location. Example: Go south of town on Hwy 16, three miles to Roaming Road, turn east, go 4 mi. to blue building on north side of road. (Example: 321 S. Main, green building, unload at door #3).

PERSON IN CHARGE OF RECEIVING MATERIAL:

Name: _____ Phone: _____ Ext: _____ Cell Number: _____

Do you need a call prior to delivery? ___ Yes ___ No If yes, how far in advance? ___ 30 min ___ 60 min