



## CREDIT APPLICATION FOR BUSINESS ACCOUNT

### BUSINESS CONTACT INFORMATION

Title:

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

### BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

State:

ZIP Code:

How long at current address?

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account:

Account number:

Savings

Checking

Other

### BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

### AGREEMENT

- 1. All invoices are to be paid 2% NET 10. Full Payment Due No Later than 30 days from the Invoice Date.**
2. Claims arising from invoices must be made within seven working days of receipt of Invoice.
3. By submitting this application, you authorize STEEL F/X®, or its agent/s to make inquiries into the Banking and Business/Trade References that you have supplied.
4. Email Completed Form as an attachment to: [billworden@steelf-x.com](mailto:billworden@steelf-x.com) or FAX to: (435) 251-8111

### SIGNATURES

Title:

Date:

Title:

Date: