

EDDIE KANE STEEL PRODUCTS, INC.
Phone: 732-974-3339 **CREDIT APPLICATION** **Fax: 732-974-3366**

CUSTOMER INFORMATION

Company name:		
DBA (if applicable):		
Business Principals:		
AP Contact:		
Registered company address (or primary address):		
City:	State:	ZIP Code:
Shipping address (if different):		
City:	State:	ZIP Code:
How long at current address?	Date business commenced:	
Phone:	Fax:	E-mail:
Sole proprietorship:	Partnership:	Corporation: Other:
Federal EIN:	Tax Exempt or Resale Number:	
<i>IMPORTANT -- Please attach Tax Exempt or Resale Certificate and Completed W-9 Form</i>		
Credit limit desired (\$USD):		

BANKING INFORMATION

Bank name:		
Bank address:	Phone:	
City:	State:	ZIP Code:
Contact name:	Contact phone:	

BUSINESS/TRADE REFERENCES (U.S. COMPANIES ONLY, STEEL ONLY, NON-MILL)

(1) Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
(2) Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
(3) Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice. All fees related to collection are the responsibility of applicant.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Eddie Kane Steel Products, Inc., to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Signature Print Name: Title: Date:	Signature Print Name: Title: Date:
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