



BUSINESS CREDIT APPLICATION

To help us establish an account in your company name and expedite processing of your initial orders, please complete this form and email it to AcctsRec@SpecialMetalsInc.com. Please attach a recent Financial Statement. This information will be held in strictest confidence. **We must have a copy of your sales tax exemption certificate on file, along with this application form. Please email copies to the above email address.**

BUSINESS CONTACT INFORMATION

COMPANY LEGAL NAME:

BILLING ADDRESS:

PHONE:

FAX:

CITY:

STATE:

ZIP CODE:

SHIPPING ADDRESS:

CITY:

STATE:

ZIP CODE:

TAX ID #:

DUNS #:

SIC CODE:

NAICS CODE:

TAX EXEMPT? YES NO

IF YES, PLEASE INCLUDE A COPY OF YOUR STATE SALES TAX EXEMPT PERMIT.

SALES TAX #:

WEBSITE:

AMOUNT OF CREDIT REQUESTED:

TYPE OF BUSINESS: SOLE PROPRIETORSHIP PARTNERSHIP LLC CORPORATION OTHER

IF OTHER:

CONTACT INFORMATION

OWNER:

PHONE:

EMAIL:

A/P CONTACT:

PHONE:

EMAIL:

HOW WOULD YOU LIKE TO RECEIVE YOUR INVOICES?

BUYER(S):

PHONE:

EMAIL:

BANK INFORMATION

BANK NAME:

CONTACT NAME:

ADDRESS:

PHONE:

CITY:

STATE:

ZIP CODE:

TYPE OF ACCOUNT

ACCOUNT NUMBER

SAVINGS:

CHECKING:

OTHER:



BUSINESS CREDIT APPLICATION

BUSINESS REFERENCES

Please provide us at least three other companies your business has established credit with previously

1 | COMPANY: CONTACT NAME:
PHONE: EMAIL:
ADDRESS: ACCOUNT NUMBER:
CITY: STATE: ZIP CODE:

2 | COMPANY: CONTACT NAME:
PHONE: EMAIL:
ADDRESS: ACCOUNT NUMBER:
CITY: STATE: ZIP CODE:

3 | COMPANY: CONTACT NAME:
PHONE: EMAIL:
ADDRESS: ACCOUNT NUMBER:
CITY: STATE: ZIP CODE:

CREDIT AGREEMENT

1 | Applicant's signature attests financial responsibility and willingness to pay in accordance with the stated terms of **1% 10 days NET 30** and additionally to pay a service charge for all invoices paid after the aforementioned terms.

2 | Should suit or collection be instituted in collection of applicant's debt applicant hereby agrees to pay all reasonable collection costs, expenses, attorney fees, and court costs incurred in the enforcement of the obligations of the undersigned as allowed by law.

3 | I hereby authorize our bank & credit references to release any information necessary to assist in establishing a line of credit with Special Metals Incorporated.

COMPANY REPRESENTATIVES

1 | SIGNATURE: TITLE:

PRINTED NAME: DATE:



Request for Bank Credit Information

March 11, 2020

To:	Regarding Account Number:

The above referenced account has applied to us for business credit and has given your bank as a reference. We would appreciate it if you would supply the information requested below. Please see the credit authorization at the bottom of page 2 on the attached form.

Please return a copy of this completed form to:

Special Metals Inc.

Ph: 405.703.8030

F: 405.703.8130

AcctsRec@SpecialMetalsInc.com

Checking Account #:		
Opened:	Average Balance:	
Returned Items: <input type="checkbox"/> Yes <input type="checkbox"/> No	Satisfactory: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Loans:		
Opened:	High Credit:	Balance:
Secured By:		Unsecured:
Payment History:		
Comments:		
Date:	Bank Signature:	Title:



2009 S. Broadway
Moore, OK 73160
Phone: 405.703.8030
Fax: 405.703.8130
AcctsRec@SpecialMetalsInc.com

March 11, 2020

Request for Credit Information on:

The company above has given your name as a reference. Please fill out and return this form by fax or email.

Date opened:	Terms:
Current balance:	Past due balance:
High credit extended:	Credit Limit:
Date of last sale:	Average days to pay:

How are payments made? <input type="checkbox"/> Prompt <input type="checkbox"/> Slow <input type="checkbox"/> COD <input type="checkbox"/> Cash in advance

Date: _____

Signed:

THANK YOU IN ADVANCE!
Special Metals, Inc.

Name & Title

Company