



900 E. 103rd St
Chicago, IL 60628
PHONE: 773-995-0317 FAX: 773-995-1326

Application for Credit

Company Name: _____ Email: _____

Street Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ FAX: _____

We request a credit account for an average monthly purchase of \$_____. Federal ID # _____

PLEASE ATTACH SALES & USE TAX EXEMPTION CERTIFICATES.

General Information

Type of Business _____

Date Established _____

Corporation ___ Partnership ___ Proprietorship ___

Owners and Officers (Name & Title):

Trade Credit References

Name _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

Name _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

Bank Credit References

Name _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

Bank Acct # _____

Name _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

As we require a credit line above \$50,000, our latest financial statement will be sent to you on _____ (date).

Applicant understands that the above information is provided for the purpose of obtaining credit and is warranted to be true. We hereby authorize the above Bank and Trade References to release information pertaining to our credit and financial responsibility. Further, if necessary to secure payment of proper charges, we agree to pay all reasonable collection fees, legal fees, court costs and finance charges permitted by law. The undersigned further agrees to submit to the jurisdiction of any court of general jurisdiction in the State of Illinois should Promet Steel, Inc. elect to file suit in such state.

Signed: _____

Must be signed by an Officer

Title: _____

Printed Name: _____

Date: _____

SALES AND USE TAX EXEMPTION FORM

TO: Justin Egle, Credit Manager
Promet Steel
Fax: **773-995-1326**

Our purchases are exempt from sales taxes collected for the state of _____
for the following reason:

_____ All items purchased will be used or consumed in industrial processing
unless specifically noted.

_____ All items purchased are for resale at retail.

_____ All items purchased are to be used in connection with the operation of the
governmental entity named above.

_____ Other. Please explain in the space provided below.

In the event this claim is disallowed, the purchaser promises to reimburse the seller for the
amount of tax involved.

Sales Tax Number _____

Expiration Date: _____

Federal Tax I.D. Number: _____

For: _____
Company Name

Address

City/State/Zip

Signed By: _____

Printed Name: _____

Title: _____

Date: _____