



APPLICATION FOR CREDIT

Agreement between Elgiloy Specialty Metals (ESM) and Applicant for establishing credit accommodations.

Applicant Company Name _____

Street Address _____

Town _____ State _____ Zip _____

Phone _____ Fax _____

Your Billing Address	Your Shipping Address
Firm _____	Firm _____
Address _____	Address _____
City _____ State _____	City _____ State _____
Phone _____	Officers: _____ Pres.
Purchasing Agent _____	_____ V.P.
Controller _____	_____ Treas.

Is business Incorporated? _____ If so, in what state? _____ Federal ID # _____

At present location since _____ Year Established _____

Name and address of Parent Company if subsidiary _____

REFERENCES:	
1. Firm _____	Tel: _____
Address _____	City _____ State _____
2. Firm _____	Tel: _____
Address _____	City _____ State _____
3. Firm _____	Tel: _____
Address _____	City _____ State _____
4. Bank _____	Tel: _____
Address _____	City _____ State _____
Account No _____	Bank Officer _____

*In consideration of ESM extending credit, Applicant agrees to pay for all materials and services provided in accordance with the terms of sale. In the event any account is placed with a third party for collection, Applicant agrees to pay all costs including attorney fees, court costs and finance charges. Applicant authorizes ESM to investigate our credit history, bank references and any other information deemed necessary to extend credit. Applicant certifies the information given herein is true and corrected. This information will be held in strictest confidence. **This signature authorizes the bank and trade reference firms to release any pertinent information.**

Authorized Signature: _____

Title: _____ Date: _____