

# T & W STEEL CO., INC.

"A Complete Steel Supply Company"  
1612 SW Jefferson St Lee's Summit, MO 64081  
Phone: 816-525-2060  
Fax: 816-525-2285

## Application for Credit

Date: \_\_\_\_\_ Credit Limit Requested: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Person to Contact: \_\_\_\_\_ Years Business Established: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Sales Tax Permit No.: \_\_\_\_\_

(If non-taxable, copy of permit is required)

Name of Owner(s) or Officers and Title:

| Name  | Address | Title |
|-------|---------|-------|
| _____ | _____   | _____ |
| _____ | _____   | _____ |

If your company is a corporation, are you a subsidiary or division of another entity? \_\_\_\_\_

If yes, please indicate names: \_\_\_\_\_

Bank Used:

| Name | Address | Phone | Contact |
|------|---------|-------|---------|
|------|---------|-------|---------|

Trade References:

| <u>Name</u> | <u>Address</u> | <u>City</u> | <u>State</u> | <u>Phone</u> | <u>Fax</u> |
|-------------|----------------|-------------|--------------|--------------|------------|
| 1 _____     | _____          | _____       | _____        | _____        | _____      |
| 2 _____     | _____          | _____       | _____        | _____        | _____      |
| 3 _____     | _____          | _____       | _____        | _____        | _____      |

1. It's important that we receive detailed financial data. Please attach a copy of your current Financial Statement.
2. All Invoices are to paid 30 days from the date of the Invoice.
3. Claims arising from invoices must be made within ten working days.
4. By submitting this application, you authorize T&W Steel Co., Inc to make inquiries into the banking and business/trade references that you have supplied.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_