

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
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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: _____