

## APPLICATION FOR NEW ACCOUNT

NAME OF FIRM:		DATE:
STREET ADDRESS:		OTATE:
CITY:		STATE:
ZIP CODE: BILLING ADDRESS:		TEL:
CITY:		CTATE:
ZIP CODE:		STATE:
CORPORATION	PARTNERSHIP PROPRIETORS	SHIP OTHER:
FULL NAME AND AD	DRESS OF OWNERS, PARTNERS, OR CO	DRPORATE OFFICES:
SECRETARY/TREAS	URER:	
IF A BRANCH OR DIV	/ISION, LOCATION OF HOME OFFICE	
<b>EXEMPTION CERTIF</b>	HE ATTACHED RESALE CERTIFICATE OF ICATE ACT REGARDING ACCOUNTS PAYABLE	R A COPY OF YOUR
USA BUSINESS OR T	FRADE REFERENCES:	
NAME:	TEL:	FAX:
NAME:	TEL:	FAX:
NAME:	TEL:	FAX:
THIS PAGE, IS FOR TOWN ARE) AUTHORIZE THAT ALL ACCOUNT OF BUSINESS; THAT INTEREST AT THE MAPPLICABLE STATE PURCHASED FROM CONDITIONS WHICH I (WE) ASSUME PERSUMS DUE AND PAY LISTED, INCLUDING SHOULD THE ACCOUNTY.	THE FOLLOWING: THAT THE INFORMATHE PURPOSE OF OBTAINING CREDIT FOR THE PURPOSE OF OBTAINING CREDIT FOR THE PURPOSE OF OBTAINING CREDIT FOR THE PURPOSE OF APACITY TO BIND MY SOR MONEYS DUE YOU SHALL BE DUE ALL PAST DUE ACCOUNTS, NOTES, OF LAXIMUM NON-USURIOUS INTEREST RATE OR FEDERAL LAW, WHICHEVER IS GREFSSI ARE DONE SO UNDER FSSI'S STAIN ARE HEREBY EXPRESSLY ACCEPTED. SONAL RESPONSIBILITY FOR AND GUALY ABLE TO FEDERAL STEEL SUPPLY, INCOME. ALL COSTS OF COLLECTION INCLUDING UNT BE PLACED IN THE HANDS OF AN ARTHUR THE PURPOSE OF THE PURPOS	ROM YOUR FIRM, THAT I AM Y (OUR) FIRM ACCORDINGLY: E PAYABLE AT YOUR PLACE I JUDGEMENTS SHALL BEAR TE ALLOWED BY ATER ANNY AND ALL ITEMS NDARD TERMS AND RANTEE PAYMENT OF ALL BY THA APPLICANT ABOVE G ATTORNEY'S FEES
SIGNATURE:		DATE:
PRINT NAME:		
	SIGN AND FAX TO 636-537-8795	

