



**CREDIT APPLICATION**

DATE \_\_\_\_\_ DIVISION \_\_\_\_\_

**I. GENERAL INFORMATION:**

Legal name of business or individual \_\_\_\_\_

Doing Business As \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Business Website Address \_\_\_\_\_ Nature of Business \_\_\_\_\_

Ship To Address (Complete address, including County, at which you maintain a place of business)

Federal I.D. # \_\_\_\_\_ Dunn & Bradstreet # \_\_\_\_\_ Is this

business a: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_ LLC \_\_\_\_\_ Other \_\_\_\_\_ If

incorporated, state of incorporation. \_\_\_\_\_ How

long have you been in business? \_\_\_\_\_ Parent Co.

(If Applicable) \_\_\_\_\_ Street

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name, title, and address of corporate officers, partners, or owners:

Have you declared bankruptcy in the last 14 years? If so, give date, court and outcome.

Is this business a defendant in any suits or legal actions? \_\_\_\_\_ If

so, please explain: \_\_\_\_\_

Do you pay sales tax? \_\_\_\_\_ Yes \_\_\_\_\_ No; Sales Tax Exemption No. \_\_\_\_\_ Please attach exemption certificate.

If yes, what rate do you pay: State of \_\_\_\_\_, \_\_\_\_\_%

Ph: 609.871.2000

Fx: 609.871.2200

4319 Route 130 South  
Edgewater Park, NJ 08010



City of \_\_\_\_\_, \_\_\_\_\_ %  
County of \_\_\_\_\_, \_\_\_\_\_ %

Do you issue purchase orders? \_\_\_\_ Yes \_\_\_\_ No; If yes, \_\_\_\_ written or \_\_\_\_ verbal?

List authorized buyers \_\_\_\_\_

Special Billing Instructions \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_ A/P Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Do you require statements? \_\_\_\_ Yes \_\_\_\_ No A/P Email \_\_\_\_\_

Credit Limit Requested \_\_\_\_\_ Credit Application Contact \_\_\_\_\_

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REV. 8/04

**Bank Reference**

Bank Name \_\_\_\_\_ Account No. \_\_\_\_\_ Street \_\_\_\_\_  
\_\_\_\_\_ Bank / Loan Officer \_\_\_\_\_ City \_\_\_\_\_  
\_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone No. \_\_\_\_\_  
\_\_\_\_\_ Fax No. \_\_\_\_\_

**Current Trade References**

1) Name \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Street \_\_\_\_\_  
\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ 2) Name \_\_\_\_\_  
\_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Street \_\_\_\_\_  
\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ 3) Name \_\_\_\_\_  
\_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Street \_\_\_\_\_  
\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Steel Reference**

4) Name \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Street \_\_\_\_\_  
\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**II. TERMS, LATE CHARGES, LEGAL FEES**

TERMS: Net 30 from invoice date.

LATE CHARGES: A late charge of 1 ½% (18% per annum) will be added to any balance that has not been paid by the due date. This late charge is controlled by State and Federal laws and in accordance with those laws may be subject to change.

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