



2575 DOSWELL AVE / ST. PAUL, MN 55108 / 651-645-5875

CREDIT APPLICATION

CREDIT INFORMATION

Legal Company Name: _____

Billing Address: _____

City, State, Zip: _____

Telephone Number: _____

Type of Business: _____

Number of Employees: _____

Years at Location: _____

Please Circle One: Individual / Partnership / Corporation

State of Incorporation: _____

Accts. Payable Contact: _____

NAME

TELEPHONE

FAX NUMBER

Credit Limit Requested: _____

Trade Name/DBA: _____

Shipping Address: _____

City, State, Zip: _____

Fax Number: _____

Date Established: _____

Annual Sales: _____

Rent/Own: _____

NAME OF LANDLORD IF RENTING

P.O. Required?: _____

Federal Tax I.D. No.: _____

IF A CORPORATION

Purchasing Contact: _____

NAME

TELEPHONE:

FAX NUMBER

FOR TAX EXEMPT PURCHASES PLEASE FURNISH YOUR STATE SALES TAX EXEMPTION CERTIFICATE

Exemption Certificate: Yes/No _____

State Sales Tax I.D. No.: _____

FULL NAMES OF OWNERS (FOR INDIVIDUALS AND PARTNERSHIPS)

Name: _____

Social Security No.: _____

Name: _____

Social Security No.: _____

Home Address: _____

Home Address: _____

BANK REFERENCE

Bank Name: _____

Telephone Number: _____

Fax Number: _____

Bank Location: _____

Your Account #: _____



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CURRENT MAJOR SUPPLIERS/TRADE PARTNERS

Company Name: Telephone Number:
Contact: Fax Number:
Address:

Company Name: Telephone Number:
Contact: Fax Number:
Address:

Company Name: Telephone Number:
Contact: Fax Number:
Address:

PAYMENT TERMS: 1/2% 10 — NET 30 DAYS

Applicant's signature certifies that all information provided is true and correct. As part of this application for credit, applicant grants permission to Quality Metals, Inc. to contact any or all bank and trade references listed above, any additional references which may be provided by the bank and trade references, and to contact any consumer or commercial credit reporting agencies. Quality Metals, Inc. assures the applicant that all information obtained will be held in strict confidence. Applicant's signature also attests to the financial responsibility, ability and willingness to pay our invoices in accordance with the payment terms specified above. Applicant further agrees that if this account is placed with a collection agency, an attorney or conciliation court, or is collected due to bankruptcy, insolvency or receivership, applicant will be responsible for all collection fees allowed by law. Applicant consents to the jurisdiction of the Courts of the State of Minnesota.

Company Name:
Signature: Title:
Name (Please Print): Date:

PERSONAL GUARANTEE (FOR INDIVIDUALS AND PARTNERSHIPS)

The undersigned, in consideration of Quality Metals, Inc. extending credit to the above applicant, does hereby unconditionally guarantee payment of all indebtedness, liabilities or obligations said applicant at any times owes Quality Metals, Inc. This guarantee shall be a continuing, absolute and conditional guarantee and shall remain in full force and effect until expressly revoked by a written notice from the undersigned sent by certified mail, return receipt requested, and also, until all of said indebtedness, liabilities and obligations created before received such notice shall be fully paid.

Guarantor's Signature: Date:
Home Address:
Social Security No.: Home Telephone:



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SHIPPING AND RECEIVING INFORMATION

DELIVERY/CONTACT INFORMATION

Company Name: _____

Delivery Address: _____

E-mail Address: _____

Warehouse Telephone: _____

Warehouse Fax: _____

UNLOADING INFORMATION

Please Check: Overhead Crane

Forklift

Side Unloading

Rear Unloading

Hand

Inside

Outside

ACCEPTABLE WEIGHTS

Maximum Skid: _____

Maximum Coil: _____

RECEIVING TIMES

Receiving Days: _____

Receiving Hours: _____

SLIT COIL INFORMATION

ID _____

Eye to Sky: _____

OD _____

Eye to Side: _____

Maximum Coil _____

SPECIAL INSTRUCTIONS

Signed: _____

Date: _____