

Completed Form required to set up account. Send form to:

Credit Dept. -Heidtman Steel Products

2401 Front Street Toledo, OH 43605

Phone (419) 691-4646

Fax (419) 698-1317

Credit@heidtman.com

Company Information

Legal Name: _____

Principal Address (Not PO Box): _____

City: _____ State: _____ Zip: _____ Telephone: _____

Email Address you would like your Invoices sent to: _____

Corporation Partnership Sole Proprietorship Public Comp. LLC

State incorporated, formed, or operating in: _____

Corporate Federal Tax ID No: _____

D&B # of Trade/DBA Name: _____

Est. Annual Sales of Company: _____

Yr. Business Opened: _____

PO's Required? Yes No

Business Property Owned by Company Leased

Additional Branches/Subsidiaries? Yes (describe below) No (skip section)

Trade Name/DBA: _____

Subsidiary or Division of: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Parent Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Steel Trade References (you may reference or attach a separate sheet)

<u>Name</u>	<u>City, State, Zip</u>	<u>Email/Phone/Fax No.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Bank / Lending Institution

Name: _____ Phone number: _____

Are there judgments or liens on your assets? Yes No

Whom is the security in favor of? _____

Disclosure Authorization and Approvals:

I represent that the above information is true and is given to induce Heidtman Steel Products (HSP) to extend credit to the applicant. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to HSP any information concerning financial and credit information of my company.

I/We understand that the terms are current to Quotation and Applicant’s Signature attests to Solvency and willingness to pay in accordance with current terms quotation for all Steel Purchases, Processing Purchases, or Storage Services. In the event that any account is placed with a third party for collection, we agree to pay all cost including attorney fees, court cost, and finance charges. I/We agree to notify HSP immediately of any change in ownership, address changes, change in control, or other pertinent information.

We reserve the right to charge interest on any items outstanding beyond 90 days from the due date at the states prevailing allowed interest rate.

Authorized Signature of Applicant – MUST be an officer of the company.

Company Applicant Written Signature: _____ Date: _____

Company Applicant Printed Signature: _____

Title of Applicant: _____

Heidtman Sales Person Name:

(Annual/Monthly) HSP Sales Est. Annual amt.: _____ Monthly Amt.: _____

Financial Information (will be held in Strict Confidence within our Credit Dept.)

To allow the most expeditious processing of this application, please provide last two fiscal year-end Balance Sheet and Income Statements. They can either be attached or mailed directly to the Credit Dept.’s Attention.

Balance Sheet Attached? Yes No Mailed to Credit Dept. Attention

Income Statement Attached? Yes No Mailed to Credit Dept. Attention

Additional Company Contacts

Controller /CFO Contact: Name: _____ Title: _____

Phone: _____ Fax: _____ E-mail: _____

Accts Payable Contact Name:

Phone: _____ Fax: _____ E-mail: _____

Owners Name: _____ State of Residency: _____

Name of Legal Entity responsible for Payments is: _____