

Credit Application

No. _____

DECKER STEEL & SUPPLY
4500 TRAIN AVENUE
CLEVELAND, OHIO 44102
(216)281-7900
(216)281-1441 FAX

Company: _____

Address: _____

City, State, Zip: _____

Telephone _____

Fax: _____

Type of Business (Sole Owner, Partn.,
Corporation): _____

Years in Business _____

Partners or Corporate Officers

1 - Name, Title, Phone: _____

2 - Name, Title, Phone: _____

Bank References

1 - Bank Name and Address: _____

Acct. No. _____

Contact Name and Phone: _____

Trade References with FAX Numbers

1: _____

2: _____

3: _____

I certify that the above information is true. The information is to be used only for the opening of an account.

Sign, Title, and Date: _____

Do you require a monthly Statement. Yes _____ No _____

TAXABLE YES _____ NO _____ TAX EXEMPT # _____

If credit application is approved, I agree to your terms of net 30 days. A finance charge of 1-1/2% per month, or as otherwise provided by law will be added to the past due amount. All delinquent accounts are subject to termination of additional credit.

Everything that I have stated in this application is correct to the best of my knowledge. I understand that Decker Steel will retain this application whether or not it is approved. Decker Steel is authorized to check my credit and to supply credit information regarding my account upon request.

 APPLICANTS SIGNATURE

TITLE

DATE