



501 Main Street, Utica, NY 13501

Toll Free: (800) 828-4211 - Fax: (315) 797-0206

2 No. Floral Avenue, Binghamton, NY 13905

Toll Free: (800) 833-3525 - Fax: (607) 798-0676

CREDIT APPLICATION (rev. 3/09) Please return to our Credit Manager: jabbass@pacemakersteel.com

YOUR ESTIMATED CREDIT REQUIREMENTS: [] MONTHLY \$ _____ [] YEARLY \$ _____

BUSINESS NAME: _____

BILL TO ADDRESS: _____

SHIP TO ADDRESS: _____

TELEPHONE: _____ FACSIMILE: _____

E-MAIL ADDRESS: _____

TYPE OF BUSINESS: _____ DATE ESTABLISHED: _____

[] CORPORATION: FEDERAL ID#: _____ PRESIDENT: _____

[] PARTNERSHIP: FEDERAL ID#: _____ V. PRESIDENT: _____

[] INDIVIDUAL: SS#: _____ SECRETARY: _____

(INDIVIDUAL PLEASE PROVIDE) DATE OF BIRTH _____ HOME ADDRESS: _____

BANK REFERENCE:

NAME: _____ CONTACT: _____ PHONE: _____

ADDRESS: _____

BUSINESS/TRADE REFERENCES: (Please provide at least one Steel or Piping Supplier)

NAME: _____ PHONE: _____

FAX: _____ E-MAIL: _____

ADDRESS: _____

NAME: _____ PHONE: _____

FAX: _____ E-MAIL: _____

ADDRESS: _____

NAME: _____ PHONE: _____

FAX: _____ E-MAIL: _____

ADDRESS: _____

CONDITIONS OF SALE AND TERMS OF PAYMENT: The undersigned applicant does hereby certify that the information given is correct and complete and authorizes Pacemaker Steel and Piping Company, Inc. to contact the above references for the purpose of credit worthiness. In consideration for any extension of credit, I/we, either as a single owner or an authorized officer or officers of the corporation or as a partner or partners, hereby agree to the terms hereof and to the conditions of sale set forth on each invoice. Purchaser also agrees to pay a service charge of the maximum allowable contract rate under state statutes, which is computed on the unpaid delinquent balance until the account is paid in full. The purchaser also agrees to pay all reasonable attorney fees and other costs incurred for collection of the account. Depending on the credit limit requested and/or response from the references you provide, we reserve the right to request additional financial information in order to make a decision regarding this application. **Terms are net 30 Days – Any Discount available is noted on each invoice.**

PRINT NAME: _____ DATE: _____

REQUIRED AUTHORIZED SIGNATURE: _____ TITLE: _____