

# REQUEST FOR OPEN CREDIT Terms: Net 30 Days

Company Name & D/B/A \_\_\_\_\_

Billing Address: Street \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Shipping Address: Street \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name of President/Owner \_\_\_\_\_

Name of Accounts Payable Manager \_\_\_\_\_

All purchases will be taxed unless a proper sales tax exempt form is supplied

Credit Limit Requesting \_\_\_\_\_ Tax ID Number \_\_\_\_\_



380 Hudson River Road  
Waterford, NY 12188

tel 518.590.7233 / 800.462.2616

fax 518.235.2042

www.kivortsteel.com

## REFERENCES

Company Name \_\_\_\_\_

Billing Address: Street \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Company Name \_\_\_\_\_

Billing Address: Street \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Company Name \_\_\_\_\_

Billing Address: Street \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

## BANKING INFORMATION

Bank Name \_\_\_\_\_

Address: Street \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Account Number \_\_\_\_\_ Contact Name \_\_\_\_\_

**Note: This application authorizes Kivort Steel, Inc. to perform routine credit investigative procedures with banks and trade references as noted above.**

Failure to provide information requested may result in delay of extending open credit and or rejection of credit request. Applicant's signature attests financial responsibility, ability and willingness to pay monies in accordance with terms. If the applicant fails to make payment as required and a collection action has to be instituted, collection fees plus attorney fees plus applicable interest shall be imposed. Acceptance of payment in arrears or of partial payments shall not be deemed a waiver of the right to demand prompt payment. The applicant understands this application may be revoked or rejected by Kivort Steel, Inc. at any time.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

If corporation signature must be officer · If partnership signature must be partner · If sole proprietorship signature must be owner

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