

# **SALIT METALS**

SALIT GROUP OF COMPANIES

1861 Scottsville Road, Building 10B

Rochester, NY 14623

Phone: 585-755-8811

Administration: 905-353-6056

## **CREDIT APPLICATION**

### **COMPANY INFORMATION:**

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

COUNTRY \_\_\_\_\_

ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

FEDERAL ID # \_\_\_\_\_

WEBSITE \_\_\_\_\_

PROPERTY & FACILITY \_\_\_\_\_

OWNED \_\_\_\_\_

LEASED \_\_\_\_\_

EMPLOYEES \_\_\_\_\_

PLANT \_\_\_\_\_

OFFICE \_\_\_\_\_

YEAR ESTABLISHED \_\_\_\_\_

PRIMARY BUSINESS \_\_\_\_\_

PRODUCTS MANUFACTURED/FABRICATED/ETC \_\_\_\_\_

MAXIMUM CREDIT REQUIRED \_\_\_\_\_

### **CONTACTS (NAME AND EMAIL):**

PURCHASING \_\_\_\_\_

EMAIL: \_\_\_\_\_

ACCOUNTS PAYABLE \_\_\_\_\_

EMAIL: \_\_\_\_\_

INVOICE DELIVERY \_\_\_\_\_

MAIL ☐

EMAIL: \_\_\_\_\_

### **OWNERS, PARTNERS OR PRINCIPALS:**

(NAME AND PHONE NUMBER) \_\_\_\_\_

### **BANKING INFORMATION:**

NAME \_\_\_\_\_

CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_

ACCT # \_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

### **PRINCIPAL SUPPLIERS (STEEL REFERENCES PREFERRED):**

1

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

CONTACT \_\_\_\_\_

FAX \_\_\_\_\_

2

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

CONTACT \_\_\_\_\_

FAX \_\_\_\_\_

3

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

CONTACT \_\_\_\_\_

FAX \_\_\_\_\_

4

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

CONTACT \_\_\_\_\_

FAX \_\_\_\_\_

We request to open an account and authorize you to contact our bankers, suppliers and other relevant credit sources for confidential references. Interest of 2% per month and any costs regarding legal action. A signature will be acceptance of these terms.

SIGNED \_\_\_\_\_

NAME \_\_\_\_\_

DATE \_\_\_\_\_

#### **FOR SALIT STEEL USE ONLY**

CUSTOMER TYPE: \_\_\_\_\_

REGION: \_\_\_\_\_

OUTSIDE SALESPERSON: \_\_\_\_\_

INSIDE SALESPERSON: \_\_\_\_\_

ENTER SALESPERSON NAME

CUSTOMER CODE: \_\_\_\_\_

MATRIX LEVEL: \_\_\_\_\_

REVISED DATE: NOV 24, 2021