



CREDIT APPLICATION

Full Legal Business Name: _____
 DBA or AKA _____
 Physical Address _____
 Billing Address _____
 Business Phone Number _____ Fax _____
 Principal/ Authorized Officer _____ Title _____
 Tax Payer ID# _____ Date Business Started _____
 Type of Business Corp. LLC Partnership Sole Prop
 If Sole Prop Provide Home Address _____
 SSN _____ Home Phone _____ Cell _____
 Tax Exempt? Yes No If Yes, please provide AZ 5000
 A/P Contact _____ Phone _____
 PO# Required? Yes No Estimated Amount of Credit Needed Monthly _____

BANK REFERENCE

Name of Bank _____
 Address _____
 Phone _____ Bank Officer _____
 Account # _____ Type of Acct _____ Date Opened _____
 Account # _____ Type of Acct _____ Date Opened _____

Credit limits are based on information received from credit references. Please provide your large unsecured creditors. List name, complete address and phone numbers of three (3) companies from whom your purchases are made on an open account. Please list references related to your type of business or industry. (no oil companies or credit cards please)

Company Name	Address	Phone	Fax	Acct#
1 _____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____

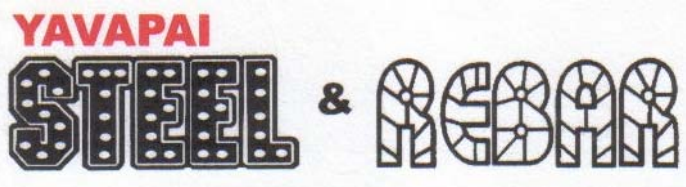
I represent that the above information is true and given to receive credit. My company and I authorize investigation of such credit as deemed fit, including contacting the above trade references, banks and obtaining credit reports. By signing below, my company and I authorize all trade references, banks, and credit reporting agencies to disclose any and all financial and credit history of my company and myself. My company and I further agree to be responsible for reasonable interest, fees, collection costs, and attorney's fees in the event of default or nonpayment of credit extended. By signing below, my company and I agree to the terms and conditions of sale as provided by the vendor granting credit.

Authorized Signature: _____ Title: _____
 Printed Name: _____ Date: _____

Personal Guarantee

I, _____, hereby personally and individually guarantee repayment of any obligations to the above mentioned vendor in the event of default or non payment of terms.

Signed: _____ Printed Name: _____
(Do not title)



740 Henrickson Road
Dewey, AZ 86327
928.583.0998
928.583.0996 Fax

If payment is not received within 45 days of the invoice date, I hereby authorize Yavapai Steel, Inc. to charge my credit card to satisfy the past due balance.

Name Appearing on Credit Card

Credit Card Billing Address

Credit Card Number

Expiration Date

CVV2 Code (3 digit number in signature box on back of card)

Authorized Signature

VISA OR MASTERCARD ONLY

Please note that a credit card is required to open an account.