



SSAB Wear Solutions
 8915 Energy Lane
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SSAB Region:	SSAB Wear Solutions _____
Regional Sales Manager	_____
Inside Sales Rep:	_____
FOR OFFICE USE ONLY	

CREDIT APPLICATION

I. COMPANY INFORMATION:

Legal Name:		
<input type="checkbox"/> Trade Name(s) <input type="checkbox"/> Doing Business As (DBA)		
Physical Address:		
Country:		
Mailing Address: (if different from above)		
Remittance Location Zip Code/ Postal Code:		
Telephone Number:		Month/Day of Fiscal Year End:
Fax Number:		
Website:		
Type(s) of Legal Entity (Check all that apply):	<input type="checkbox"/> Corporation (Type _____) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership (Type _____) <input type="checkbox"/> LLC	
Federal Tax ID (Or applicable Tax ID)		
Parent Company:		
Dun and Bradstreet Number (DUNS #)		
Subsidiaries/ Affiliates:		

President – name/ telephone/email	
VP Finance – name/ telephone/email	
VP Purchasing – name/telephone/email	
Purchasing Manager – name/telephone/email	
Accounts Payable – name/telephone/email	

II. FINANCIAL PARTICULARS:

Please attach a copy of your company's most recent financial statements.

If financial statements are not attached, financial information MUST be provided below:

	Dated: (/ /)	Dated: (/ /)
Annual Sales		
Cash		
Current Assets		
Current Liabilities		
Long Term Debt		
Equity (net Worth)		
Net Income		
# of Employees:		
Line of Credit – Amount Utilized:		
Line of Credit – Total Amount Authorized:		
Line of Credit - Expiration Date:		
Company compliant with Bank Covenants (yes or no):		

III. Product Information

Product(s) your company will be purchasing from SSAB:

Anticipated Volume per month: _____

Special Shipping or Invoicing Instructions, if any:

Please provide a copy of your Tax Exemption Certificate (if applicable)

Banking Information	
Bank Name:	
Bank Address:	
Telephone Number:	
FAX Number:	
Account Manager's Name:	
Account No(s) & Type:	
Number of Years with Bank:	

TRADE REFERENCES: Steel Industry references are preferred

	Reference #1	Reference #2	Reference #3
Name:			
Address:			
Telephone:			
Fax:			

IV. Credit Terms:

SSAB Wear Solutions, LLC extends credit terms of NET 30 DAYS, prompt payment.

I am authorized to sign this credit application on behalf of the applicant company ("Applicant") above and certify that the information provided is true and correct. I agree that Applicant shall pay in accordance with the credit terms stated above.

Applicant agrees to pay all invoices as rendered and agrees that overdue accounts are subject to monthly service charges of one and one-half percent (1.5%) per month. Applicant agrees to pay all costs of collection, including actual out-of-pocket expenses and a collection fee of twenty-five percent (25%) if collected through a collection agency or attorney.

As a condition of the continued extension of credit by SSAB Wear Solutions, LLC ("Seller"), the Applicant agrees to provide updated financial information and annual and interim financial statements, if requested. The Applicant further agrees to provide Seller with an updated credit application upon request. Payment of all goods and/or services provided by Seller will be in accordance with SSAB standard Terms and Conditions of Sale (as shown on Order Acknowledgment).

Applicant certifies that all information contained herein is true and correct. Applicant grants permission to SSAB Wear Solutions, LLC to obtain independent credit reports or credit reports and other information from its references and bank, and authorizes the credit references and bank references to release information to SSAB Wear Solutions, LLC that may be used to determine credit worthiness. Applicant also acknowledges that if application is not completed fully, SSAB Wear Solutions, LLC may not issue credit or may limit the amount of credit extended to applicant.

X

Authorized Signature

Date

Printed Name

Title

Print Company Name