



manufacturers metals

PO Box 478130
Chicago, IL 60647-8130
Phone: 312-670-0464 Fax: 312-604-0465

APPLICATION FOR CREDIT

Date: _____

Name: _____ Phone #: _____ Fax #: _____

Address: _____

Credit limit requested: \$ _____ Firm in business since: _____

Formerly located at: _____

Incorporated () Partnership () Proprietorship ()

If not incorporated, list the full name of the owner(s):

Name and title of principal officers:

Annual sales volume: _____

BANK

Name: _____ Phone: _____ Fax: _____

Address: _____

Account officer: _____

TRADE REFERENCES: On your letterhead stationary, please list three or more, two of which should be mills or steel service centers. Please include contact name, phone and fax number.

STATE TAX EXEMPTION CERTIFICATE: Please include a copy of your state tax exemption certificate or complete the following blanket certificate of exemption.



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**BLANKET CERTIFICATE OF RESALE UNDER ILLINOIS RETAILERS
OCCUPATION TAX ACT and USE TAX ACT.**

Undersigned hereby claims exemption to purchases of tangible personal property from

_____ on and after
[NAME OF VENDOR]

_____ and certifies that this claim
[DATE]

is based upon the purchaser's proposed use of the items purchased, the activity of the purchaser, or both, as shown hereon:

[PURCHASER MOST STATE STATUTORY REASON FOR CLAIMING EXEMPTION OR EXCEPTION
OTHER THAN RESALE]

This certificate shall continue in force until revoked and shall be considered a part of each order given to the above named vendor unless the order specifies otherwise.

(Purchaser's Name)

(Purchaser's Activity, i.e., Manufacturer, Public Utility, Church, etc.)

(Purchaser's Address)

(By -- Signature and Title)

(Date Signed)

2587-8441
(Manufacturers Metals' Certificate of Registration)
Registration)

(Customer's Certificate of
Registration)