



Application for Credit

Phone (800) 749-6505
 Fax (678) 581-8834

Date: _____

BILL TO:

Legal Name _____
 DBA _____
 Address _____
 City _____ State _____
 Zip Code _____
 Main Phone # _____
 Main Fax # _____
 President _____
 Purchasing Agent _____
 Accounts Payable _____
 Type of Business _____
 Date Established _____
 Legal Entity: Corporation Partnership Sole Proprietor LLC

SHIP TO:

Customer Name _____
 Address _____
 City _____ State _____
 Zip Code _____
 Receiving Phone # _____
 Tax Exempt # _____
(Return Sales Tax Exemption Certificate)
 Tax Rate % _____ County _____
 Has the Firm or any of its Principals ever Filed
 Bankruptcy? () Yes () No
 D & B # _____
 Requested Credit Line \$ _____

TRADE & BANK REFERENCES

Steel Supplier _____
 City _____ State _____
 Phone # _____
 Fax # _____
 Steel Supplier _____
 City _____ State _____
 Phone # _____
 Fax # _____
 Steel Supplier _____
 City _____ State _____
 Phone # _____
 Fax # _____

Bank Name _____
 City _____ State _____
 Phone # _____ Fax # _____
 Contact _____
 Account # _____
 Type of Acct. _____
 Opened Since _____
 Bank Name _____
 City _____ State _____
 Phone # _____ Fax # _____
 Contact _____
 Account # _____
 Type of Acct. _____
 Opened Since _____

Your Pacesetter Steel Service Sales Representative is: _____



Banking Reference

Phone (800) 749-6505
 Fax (678) 581-8834

* Customer to Complete*

Bank Name _____

City _____ State _____

Phone # _____

Fax # _____

Checking Acct # _____

Savings Acct # _____

Line of Credit Account # _____

Term Loan Account # _____

Please accept this as authorization to release the following information to Pacesetter Steel Service, Inc. for the purpose of extending credit. I understand that this information will be kept confidential between your organization and Pacesetter Steel Service, Inc.

Authorized Signature: _____ Date: _____
 Title: _____

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To be completed by financial institution and returned, via fax, to Pacesetter Steel Service at (678) 581-8834. Feel free to contact the Credit Area at (678) 269-3415 with questions.

Checking / Savings Information:

Date Established: _____ Avg. Balance: \$ _____

NSF Checks in the Last Year? Yes No If so, how many: _____

Is it a Zero balance or Sweep Account? Yes No

Relationship: Excellent Good Satisfactory Unsatisfactory

Line of Credit Information:

Date Established: _____ Amount of Line: \$ _____

Current Availability: \$ _____ Date of Next Review: _____

Secured by: _____ In Compliance: _____

Any Covenants / Conditions: _____

Term Loan Information:

Date Established: _____ Maturity Date: _____ # of Payments: _____

Original Amount: \$ _____ Current Balance: \$ _____ Payment Amount: \$ _____

Secured by: _____



Pacesetter Steel Service, Inc.

3300 Town Point Drive
Kennesaw, GA 30144

Telephone: (800) 749-6505
Fax: (678) 581-8834

Release of Information And Agreement to Pacesetter Payment Terms

We understand Pacesetter Steel Service's terms are 0.5% 10, Net 30 days from invoice date and hereby agree to pay within these terms. Should any invoice exceed these terms by 30 days, we understand that Pacesetter Steel Service retains the right to suspend shipments until the total balance past due is paid-in-full.

The attached credit application is for the purpose of obtaining credit and is warranted to be true. The undersigned authorizes Pacesetter Steel Service to investigate the references pertaining to our credit and financial responsibility. It is understood that this information will be held in the strictest confidence.

Should legal action be required in connection with the collection of any amount due from the undersigned company, the undersigned company agrees to pay all attorney's fees, collection costs, and all court costs incurred with any such proceedings.

Company Name

Print Name & Title

Date

Signature of Authorized Personnel

Comments: _____



Order Acknowledgment and Invoice Receipt

Order Acknowledgment (Please choose fax, email or EDI):

- Forward To _____
Phone Number _____
 Fax Number _____
 Email Address _____
 EDI (Contact for EDI Set-Up) _____

Invoice (Please choose fax, email, or EDI):

- Forward To _____
Phone Number _____
 Fax Number _____
 Email Address _____
 EDI (Contact for EDI Set-Up) _____

Company Name _____

Authorized Signature _____

Printed Name _____

Date _____

**After completing the above, please fax to (678) 581-8834
or email to Credit@pacesettergroup.net**

Contact Jessica Clare at (678) 269-3415 or JClare@pacesettergroup.net with any questions