



CONFIDENTIAL CREDIT APPLICATION - BUSINESS ACCOUNT

*Please fill out completely and fax to 912.544.1384 or email to Info@SteelErectorsInc.com
Signatures Required*

BUSINESS CONTACT INFORMATION

Company name:			
DBA (if other than company name):			
Physical Address:			
Mailing Address:			
Phone:	Fax:	E-mail:	
Sole proprietorship: <input type="checkbox"/>	Partnership: <input type="checkbox"/>	Corporation: <input type="checkbox"/>	Other: <input type="checkbox"/>
Federal ID#	Yrs in Business:		
CREDIT LINE REQUESTED: \$ (please specify)			
AP Contact Name:		Phone:	Email:
Tax Exempt? Y N	<i>If yes, please attach exemption certification</i>		
Bonding Agent Name:		Phone:	
Surety Name & Address:			

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			

BANK REFERENCES (REQUIRED)

Bank name:			
Bank address:		Phone:	
City:	State:	ZIP Code:	
Savings	Account Number:		
Checking	Account Number:		
Line of Credit	Amount:\$	Account Number:	

PERSONAL GUARANTEE

In consideration of Steel Erectors, Inc. extending credit hereunder, the undersigned personally, and each of them jointly and unconditionally guarantees and promises to pay Steel Erectors, Inc. on demand, any and all indebtedness of the above named applicant now or hereafter owing to Steel Erectors, Inc.

Name: _____	Title: _____
Address: _____	Phone: _____
SSN: _____	DOB: _____
Name: _____	Title: _____
Address: _____	Phone: _____
SSN: _____	DOB: _____
Name: _____	Title: _____
Address: _____	Phone: _____
SSN: _____	DOB: _____

AGREEMENT

In consideration of the extension of credit by Steel Erectors, Inc., the undersigned agrees:

1. To pay all invoices "NET 30" from the date of the invoice.
2. To pay interest charges on any delinquent amount at a rate of 18% APR of the unpaid balance.
3. To make any claims arising from invoices within seven working days.
4. To pay for the cost of collections, including but not limited to attorney's fees and collection costs, in the event that an account becomes delinquent.
5. That any dispute arising under or in connection with or related to this extension of credit shall be subject to the exclusive jurisdiction of the state and/or federal courts located in Chatham County and/or Savannah, Georgia.
6. By submitting this application, you authorize Steel Erectors, Inc. to make inquiries into the banking and business/trade references that you have supplied.

By signing below, the undersigned acknowledges, accepts and agrees to the terms and conditions of this application. We/I also certify that the information given herein is true and correct.

SIGNATURE: _____
(Owner/Partner/officer/authorized representative must sign)

TITLE: _____

****FOR INTERNAL USE ONLY****

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DATE RECEIVED: _____ ORDER PENDING? Y / N AMOUNT: \$ _____
 ORDER OVER \$2,000? Y / N SCORE: _____
 TYPE: _____ STATUS: _____ OPENING DATE: _____
 ADDRESS VERIFY?: _____
 REF A: _____ REF B: _____
 CREDIT LIMIT APPROVED: _____ APPROVED BY: _____
 COMMENTS: _____

PROJECT INFORMATION

Project Name:	
Project Physical Address:	
Prime Contractor:	
Address/Phone Info:	
Subcontractor: <i>(if applicable)</i>	
Address/Phone Info:	
Project Owner:	
Address/Phone Info:	
Do you have a payment bond on this project? <i>Bond #, Surety Name, Agent Name/Number (attach copy)</i>	
Does the Prime Contractor have a payment bond on this project? <i>Bond #, Surety Name, Agent Name/Number (attach copy)</i>	

PLEASE ATTACH THE NOTICE OF COMMENCEMENT FOR ALL PROJECTS