



THE STEEL YARD, INC.

6880 N.E. Columbia Blvd 97218 · P.O. Box 4828 · Portland, Oregon 97208

Phone (503) 282-YARD · FAX (503) 282-7490

www.thesteelyard.com sales@thesteelyard.com

APPLICATION FOR COMMERCIAL CREDIT

The following information is provided for the purpose of my (our) obtaining Commercial Credit now and hereafter from The Steel Yard. The Steel Yard is authorized to contact my (our) references for the purpose of exchanging information related to this application and held nameless without incurring any liability.

Company Name		Phone #	
Billing Address		Fax #	
City, State, Zip		County	
Credit Amount Requested:			
Shipping Address			
Tax I.D. #		Tax Exempt # (include copy of Reseller Permit)	
Accounts Payable contact:		Phone #	
Email:		Web Page:	
Years in Business		Years at present location	Type of business
If Branch: Home Office		Phone #	
Address		City, State, Zip	
Type of organization:	Sole Proprietorship	Partnership	Corporation
State of Incorporation:		Bankruptcy Filed: Yes ___ No ___	

Personal Information on ownership: If partnership, include all partners, if corporation include all officers.

Name	Position	SS#	Drivers License #

Bank Reference

Bank Name & Branch	Account #
Address	Phone #

Trade References

Name	Phone # (Required)	Fax # (Required)

Purchase order required: Yes ___ No ___

Job reference required: Yes ___ No ___

Person authorized to purchase on account: _____

The above statement has been carefully read and all representation is correct and true. The Steel Yard, Inc. terms are net 30 days from date of invoice. Amount pass due will be placed on credit hold with C.O.D. status until current. An additional 2% service charge (or the maximum permitted by applicable state law) may be charged to all accounts not paid within 30 days after due date and similarly, each month thereafter until paid. In any action to collect my (our) debt I hereby agree to pay all cost and expenses including attorney's fees, collection agency fees, and court costs at the pretrial and appellate levels.

Company Name: _____ Authorized Principal: _____
Please Print Name

Signature: _____ Date: _____