



APPLICATION FOR CREDIT

PO Box 847
Greensburg, PA 15601
Phone: 800-945-4316; 724-838-8320
Fax: 724-838-1544

Please complete the following fields and attach documents if necessary.
All information will be kept confidential.

COMPANY NAME: \_\_\_\_\_ Date: \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_
Billing Address (If different from above): \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
Email: \_\_\_\_\_ Website: \_\_\_\_\_
Type of business: \_\_\_\_\_ Date Established: \_\_\_\_\_
\*Tax Exempt #: \_\_\_\_\_ Dun & Bradstreet Number: \_\_\_\_\_
\*Please attach a copy of Exemption Resale Certificate

PRINCIPAL ACCOUNTS PAYABLE PERSON:
Name: \_\_\_\_\_ Title: \_\_\_\_\_
Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Email: \_\_\_\_\_

Invoice delivery method (circle one): Emailed Mailed
If emailed, please provide accounts payable email: \_\_\_\_\_

TRADE REFERENCES (please list at least three, or feel free to attach)
1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

BANK REFERENCES
Name of Bank: \_\_\_\_\_
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

PERSONAL GUARANTEE

I hereby guarantee that the above information is true and correct. I authorize Gibson Stainless & Specialty, Inc. to contact the above trade and bank references and to release information requested.

Signature

Printed Name