



West Central Steel, Inc.
 Credit Department
 P.O. Box 1178, Willmar, MN 56201-1178
 Toll Free 1-800-992-8853
 Fax 1-800-670-7781
 credit@wcsteel.com

Credit Application

Account Number _____

Date: _____

Company Name: _____

Billing Address: _____

City: _____ **State:** _____ **Zip + 4:** _____

Phone Number: _____ **Fax Number:** _____

Shipping Address: _____

City: _____ **State:** _____ **Zip + 4:** _____

County: _____ **Phone Number:** _____ **Fax Number:** _____

Type of Business: _____ **Year Started:** _____ **Number of Employees:** _____

Legal Form: _____ **Fed ID#** _____ **Credit Requested:** _____

TAX EXEMPTION

If tax exempt please fill in exemption number and complete the attached form. If not exempt please provide the appropriate tax rates.

TAX EXEMPT: _____ **State Tax %** _____ **County Tax %** _____

City Tax % _____ **Local Tax %** _____

Sales Tax Exemption Number: _____

Contact Information

Buyer: _____

Phone: _____ **Fax:** _____ **Email:** _____

Check if P.O.'s are required. Names of others authorized to order: _____

A/P: _____

Phone: _____ **Fax:** _____ **Email:** _____

How would you like to receive your invoices?

Email

Fax

office use only

C.L. _____ SM _____ Terr# _____ STMT STS _____ Approved / Refused by: _____ Date _____

Principal Owner(s) _____

Home Address: _____

Social Security # _____ Phone Number: _____ Email: _____

Principal Owner(s) _____

Home Address: _____

Social Security # _____ Phone Number: _____ Email: _____

Bank References

See attachment

Name: _____

Address: _____

Contact _____ Phone Number: _____ Fax Number: _____

Account Number _____ Business Loans Checking Savings

Trade References

See attachment

Name: _____

Address: _____

Contact _____ Phone Number: _____ Fax Number: _____

Name: _____

Address: _____

Contact _____ Phone Number: _____ Fax Number: _____

Name: _____

Address: _____

Contact _____ Phone Number: _____ Fax Number: _____

Please note: Fax numbers must be supplied for all credit references. We will be unable to process any application without Fax numbers.

Please furnish a current company or personal financial statement.

Terms: 1/2% 10 days, all payments are due 30 days from the invoice date. All past due accounts are subject to a late payment charge at the highest rate permitted by law not to exceed 1.5% per month; and are liable for all legal and/or fees that may result from any collection efforts on the principals and the company as listed above.

I certify that all the information on this application is correct. I fully understand and agree to your credit terms outlined above. I authorize the above references to release credit information on the principals and the company as listed above. This form needs to be filled out completely and signed before reviewing for credit purposes.

Guaranty: I, the undersigned, do hereby guarantee payment, as individual, of any indebtedness incurred by virtue for any and all credit extended in accordance with the above agreement and all of its terms and conditions stated above.

Authorized Signature

Title

Date

Receiving & Unloading Information

Receiving Hours

- M** _____ AM
- T** _____ AM
- W** _____ PM
- T** _____ PM
- F** _____

Maximum skid weight : _____ LBS

Maximum bundle weight : _____ LBS

Unloading

- By Hand**
- Forklift**
- Overhead Crane**
- Other**

Special packing instructions:

Directions to your location:

Mill Certification

Are Mill Certifications required? Yes No Upon request

How would you like to receive the Mill Certifications Fax Email With truck With Invoice

Email _____ Fax Number _____

Special instructions: