



# Customer Account Application

## Contact Information

Company Name \_\_\_\_\_ Date \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Title \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

## Billing Information

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Billing Address \_\_\_\_\_ Email \_\_\_\_\_

*\*If different from address above*

Billing Preference (select one)    Mail    Email  
 Is PO Number Required? (select one)    Yes    No

## Customer Agreement

All invoices are to be paid 30 days from the date of the invoice.  
 Claims arising from invoices must be made within seven working days.  
 Additional credit information/trade references may be requested during the approval process.  
 If Sales Tax Exempt, please provide a Form ST-105 with this application.

Signature & Date \_\_\_\_\_  
 Printed Name & Title \_\_\_\_\_

## Wabash Steel Supply Use Only

**Approval: Controller, VP, or President - Signature & Date**

*Credit Limit:*



# Customer Account Application

*Additional credit information/trade references request*

## Credit Information

Type of business (Circle One) Sole proprietorship – Partnership – Corporation – LLC – Other

Bank Name \_\_\_\_\_ Contact \_\_\_\_\_

Account Number \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

## Trade References

Company Name \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Company Name \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Company Name \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

## Agreement

By completing this portion of the application and signing below, you authorize Wabash Steel Supply, LLC to make inquiries into the banking and business/trade references that you have supplied.

Signature & Date \_\_\_\_\_

Printed Name & Title \_\_\_\_\_