



SALINA STEEL SUPPLY, INC.

234 E. Ave. "A" • South Industrial Area • P.O. Box 2897 • Salina, Kansas 67402-2897 • 785-825-2138 • Fax # 785-822-1219

CASH ACCOUNT APPLICATION

Please fill application out completely. Please type or print clearly.

Firm Name _____ Phone () _____

Delivery Address _____ Fax () _____

City _____ State _____ Zip Code _____ Cell () _____

Billing Address _____ E-Mail _____

City _____ State _____ Zip Code _____

Proprietor or Partner's Names _____

Corporation ____, Partnership ____, Sole Proprietorship ____. Date business established _____

Affiliate of _____ Federal Tax ID No. (or Social Security No.) _____

Business (Principal Products Manufactured or Sold) _____

Type of Outlet: Manufacturer ____, Contractor ____, Sub-Contractor ____, Distributor ____, Dealer ____,

Other _____

SALES TAX STATUS - Please check below:

Pay Sales Tax __ OR Exempt __ (Attach exemption certificate: Resale __, Agriculture __, Other _____)

Purchasing Contact _____ Email Address _____

Accounts Payable Contact _____ Email Address _____

Customer hereby authorizes Salina Steel Supply, Inc. to exchange credit reporting information with anyone. Customer agrees that payment on account is due at time of purchase and/or at time of delivery. The customer agrees to make payment in full to Salina Steel Supply, Inc. for all amounts due according to Salina Steel Supply, Inc. invoice on or before the due date. Customer agrees to pay interests on all amounts that are past due. Interest will be charged monthly at 1.5% (18% annually). If the Customer should default in any payment(s), Salina Steel Supply, Inc. has reserved the right to declare all invoice amounts due and payable without notice to the Customer. Additionally, the Customer will be responsible for all collection costs and attorney fees, whether suit is filed or not, in order to collect any delinquent amount. The undersigned certifies that all information contained herein is true to the best of their information, knowledge and belief. The Customer agrees to adhere to credit/service policies established by Salina Steel Supply, Inc.

Date

Authorized Signature

Owner/Officer - Title

PEOPLE OF IMPORTANCE

In order to help serve you better, we would like to ensure that the information we have is current and accurate. Please complete this form and return to Salina Steel Supply, Inc., P.O. Box 2897, Salina, KS 67402-2897 or fax to (785) 822-1211. PLEASE TYPE OR PRINT LEGIBLY. Thank you.

Name of Company: _____

Mailing Address: _____

City _____ State _____ Zip _____

Delivery Address: _____

City _____ State _____ Zip _____

Ordering / Purchasing:

List the person(s) responsible for ordering steel products for your company.

Name _____

Phone _____ ext. _____ Business Cell Phone _____

Fax _____ Business e-mail _____

Name _____

Phone _____ ext. _____ Business Cell Phone _____

Fax _____ Business e-mail _____

Receiving:

List the person(s) responsible for receiving/checking-in steel products for your company.

Name _____

Phone _____ ext. _____ Business Cell Phone _____

Fax _____ Business e-mail _____

Name _____

Phone _____ ext. _____ Business Cell Phone _____

Fax _____ Business e-mail _____

Accounts Payable

List the person(s) responsible for accounts payable for your company.

Name _____

Phone _____ ext. _____ Business Cell Phone _____

Fax _____ Business e-mail _____

Name _____

Phone _____ ext. _____ Business Cell Phone _____

Fax _____ Business e-mail _____

DELIVERY INSTRUCTIONS

PLEASE COMPLETE ONE SHEET FOR EACH DELIVERY LOCATION

Name of Company: _____

WEIGHT LIMITATIONS:

Do you have any weight limitations (such as maximum 500# or maximum 5000# bundles), etc.? If so, please list your restrictions below so that we can process orders according to your specifications.

BUNDLING REQUIREMENTS:

Do you have any special bundling or handling requirements (such as mill bundles must be banded or bundle all aluminum together)? If so, please indicate below.

UNLOADING:

How will you unload your orders from our delivery trucks? Mark all that apply.

_____ Forklift _____ Crane/Hoist _____ Other

Other, specify: _____

RECEIVING HOURS and DAYS:

What days & hours do you receive steel orders? Days: _____

Hours: _____ AM / PM to _____ AM / PM

If you do not receive during lunch period, when are you closed for lunch? _____

DELIVERY DIRECTIONS:

On the lines below, please provide brief delivery directions to your location. Example: Go south of town on Hwy 16, three miles to Roaming Road, turn east, go 4 mi. to blue building on north side of road. Example: 321 S. Main, green building, unload at door #3.

PERSON IN CHARGE OF RECEIVING MATERIAL:

Name: _____ Phone: _____ ext: _____ Fax: _____