



Flat Rolled Distributor & Processor
AN ISO 9001:2000 CERTIFIED COMPANY

APPLICATION FOR CREDIT

DATE: _____

LEGAL NAME: _____

CITY, STATE, ZIP: _____

PHONE: _____ FAX: _____

Corporation: _____ Partnership: _____ Proprietorship: _____

State of Incorporation: _____ Date of Incorporation: _____

Duns# _____ SIC Code: _____

Federal ID # _____

Principals:

Name: _____ Title: _____

Name: _____ Title: _____

Bank: _____ Branch: _____

Type of Acct: _____ Account# _____

CREDIT REFERENCES

Name _____ City _____ Phone/Fax: _____

Name _____ City _____ Phone/Fax _____

Name _____ City _____ Phone/Fax _____

Name _____ City _____ Phone/Fax _____

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