



Working for your business.

530 State Road 32 West
Westfield, IN 46074
Phone (317)896-5587
Fax (317)867-5298 (Credit Dept)

NEW ACCOUNT INFORMATION & CREDIT SECURITY AGREEMENT

Business Name: _____

DBA Name(s): _____

Business Address: _____

_____ County _____

Phone : _____ Fax: _____

Billing Address: _____

Shipping Address: _____

Nature of Business: _____ Website: _____

Type of
Organization: ___ Corp ___ Sole Proprietorship ___ Partnership ___ Other ___

Date Formed: _____

Domicile State & Entity Registration: _____

Responsible Officer/Owner/Partner/Member:

Name: _____

Title: _____

PLEASE NOTE: If your business does not have a formal name, you must provide the full names of all partners, members, associates, or other persons comprising the business: _____

WESTFIELD STEEL INC

Working for your business.

Primary Banking Institution: Name: _____
Title: _____
Address: _____
City/State/Zip: _____
Phone and Fax: _____

PLEASE PROVIDE FAX NUMBERS FOR ALL STEEL SUPPLIERS

Steel Supplier Credit Reference: Name: _____
Address: _____
City/ State/ Zip: _____
Phone & Fax Number: _____

Steel Supplier Credit Reference: Name: _____
Address: _____
City/ State/ Zip: _____
Phone & Fax Number: _____

Steel Supplier Credit Reference: Name: _____
Address: _____
City/ State/ Zip: _____
Phone & Fax Number: _____

SIGNATURE: I/We verify that everything I/we have stated above and on any attachment is true and correct and hereby authorize the release of any and all credit information. By signing below, I/we further acknowledge that I/we have read, understand, and agree to all of the Account Terms and Conditions appearing on the next page of this Agreement. I/We agree to payment terms of ½% 10 net 30.

_____ Signature [MUST BE OFFICER]

_____ Printed Name & Title

_____ Date