

**Credit Application**

Return completed application and tax exemption form to [credit@aladdinsteel.com](mailto:credit@aladdinsteel.com)  
or fax to 217-839-3180

Company Name:		Year Established:
Billing Address:		City/State/Zip:
Shipping Address:		City/State/Zip:
Phone:	Fax:	Email:
A/P Contact:		Email:

**Bank Information**

Bank Name:	Account Type:	Account #:
Bank Address:	City/State/Zip:	
Bank Officer:	Phone:	Fax: Email:
Bank Name:	Account Type:	Account #:
Bank Address:	City/State/Zip:	
Bank Officer:	Phone:	Fax: Email:

**Trade References**

Business Name:	Contact Person:
Phone:	Fax: Email:
Business Name:	Contact Person:
Phone:	Fax: Email:
Business Name:	Contact Person:
Phone:	Fax: Email:

**Name of Owners, Officers, and Partners**

Name:	Title:	Phone:
Name:	Title:	Phone:
Name:	Title:	Phone:

**Agreement and Signature**

Applicant's signature below certifies that (a) all information provided above is true and correct; (b) applicant grants Aladdin Steel, LLC permission to obtain information about applicant from credit reporting agencies and any or all of the references listed above regarding this application; (c) the references listed above are authorized to release information about the applicant to Aladdin Steel, LLC; (d) the applicant agrees that all credit extended shall be deemed subject to the terms of 1/2% 10, Net 30.

Signature:	Title:
Print Name:	Date: