

ALADDIN STEEL, INC.

P.O. BOX 89 GILLESPIE, IL 62033
(800) 637-4455 FAX 217-839-3180

CREDIT APPLICATION

DATE: ___/___/___

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) _____ FAX: (_____) _____

BANK INFORMATION

NAME: _____ TELEPHONE: (_____) _____
FAX: (_____) _____

ADDRESS: _____ CITY _____ STATE: _____ ZIP: _____

TYPE OF ACCOUNT: _____ ACCOUNT NUMBER: _____

TYPE OF ACCOUNT: _____ ACCOUNT NUMBER: _____

TRADE REFERENCES

1. NAME: _____ TELEPHONE: (_____) _____

ADDRESS: _____ FAX #: (_____) _____

CITY: _____ STATE: _____ ZIP: _____

2. NAME: _____ TELEPHONE: (_____) _____

ADDRESS: _____ FAX: (_____) _____

CITY: _____ STATE: _____ ZIP: _____

3. NAME: _____ TELEPHONE: (_____) _____

ADDRESS: _____ FAX: (_____) _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS INFORMATION

SOLE OWNER..... SOCIAL SECURITY NO. _____

S CORPORATION SOCIAL SECURITY NO. _____

INCORPORATED STATE _____

PARTNERSHIP..... PLEASE LIST OWNERS _____

YEAR ESTABLISHED: _____

I hereby authorize Aladdin Steel, Inc., to whom this application is made to make their customary credit inquiry on the above listed trade and bank references and release any information desired by Aladdin Steel, Inc. The undersigned agrees that all credit extended shall be deemed subject to the terms of 1/2% 10, Net 30.

DATE: ___/___/___ SIGNED _____ TITLE _____

**UNIFORM SALES & USE TAX CERTIFICATE
SALES TAX EXEMPTION CERTIFICATE
MULTI-JURISDICTIONAL**

Issued to (Seller)
ALADDIN STEEL, INC.
P.O. Box 89,
Gillespie, IL 62033-0089

I certify that

Is engaged as a registered
Wholesaler Check
Retailer all that
MFG apply
Lessor

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for the wholesale, resale or components of a new product to be resold, leased, or rented in the normal course of our business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

City or State

State Registration or I.D. No.

I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax, we will pay the tax due direct to the proper tax authority when state law provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

General description of products to be purchased from the seller:

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature
(Owner, Partner or Corporate Officer)

Title

 / /
Date

() -
Telephone Number

Release of Credit and Bank Information

I (We) have applied for open credit terms with **Aladdin Steel, Inc.** My signature below signifies my approval for my bank and creditors to respond to any credit inquiries regarding my application.

Authorized Signature _____

Printed Name _____

Your Company Name _____

Your Title _____

Date of Release _____