



North States Steel
800-550-7080



12255 IL RT 173 HEBRON IL 60034-9610
 PH: 815-648-1500 / FX: 815-648-4187
 EMAIL: jgiacomino@northstatessteel.com

APPLICATION FOR CREDIT

***COMPANY INFORMATION**

Date:					
Company Name:					
DBA:					
Billing Address:			Shipping Address:		
City:	State:	Zip:	City:	State:	Zip:
Ph	Fx		Ph	Fx	
Date Co. Originated			FEIN# DNB#		
___C-Corp.		___S-Corp.		___LLC	
		___Partnership		___Sole Proprietor	
If Sole Proprietor, please provide:					
Owner Name:			S.S.#		
President:			Vice President:		
Treasurer:			Secretary:		
Accounts Payable:					
Ph		Fx		EMAIL	
Comptroller:					
Ph		Fx		EMAIL	

***PAYMENT OPTIONS**

___ 1/2% 10 net 30	___ C.O.D.	___ VISA/Mastercard	___ ACH	___ Other
Credit Limit you are asking for in Dollars _____				

***TRADE REFERENCES-STEEL VENDORS REQUIRED**

Steel Supplier:	City:	State :	Contact:
Phone: Fax:	Email:		
Steel Supplier:	City:	State:	Contact:
Phone: Fax:	Email:		
Steel Supplier:	City:	State:	Contact:
Phone: Fax:	Email:		
Vendor:	City:	State:	Contact:
Phone: Fax:	Email:		
Vendor:	City:	State:	Contact:
Phone: Fax:	Email:		
Vendor:	City:	State:	Contact:
Phone: Fax:	Email:		



North States Steel



APPLICATION FOR CREDIT *(continued)*

(Signature required on this form to proceed with application)**

By submitting this application, you authorize North States Steel to make inquiries into the Banking and trade references that you have supplied.

AGREEMENT

All invoices are to be paid 30 days from the date of the invoice.

In consideration of North States Steel Corp. granting credit to the undersigned and in order to induce North States Steel to grant credit to the undersigned, the undersigned hereby agrees as to the following. The undersigned will pay for all materials and/or services purchased from North States Steel within thirty (30) days from the date of billing or within such other payment terms as may otherwise be specified.

North States Steel will be entitled to charge each month at the maximum allowed by law in connection with the undersigned's unpaid past due balance. In the event North States Steel refers any unpaid past due balance of the undersigned to an attorney for collection, the undersigned will pay North States Steel reasonable attorney's fees and all other costs and expenses of collection. This agreement will remain in effect as long as the undersigned remains indebted to North States Steel Corp.

I authorize North States Steel to obtain such information that NSS may deem necessary concerning the statements made on this application. I agree that this application shall remain the property of North States Steel Corp. whether credit is granted or not. I am authorizing NSS to obtain and exchange credit information on me and/or my business now.

"In the event that the Company listed below goes into default under the agreed upon terms, the Authorized Signatory does hereby personally guarantee payment on all open invoices. Additionally, the signatory agrees that he/she will be liable for up to 30% of the principal as collection/ attorney fees plus all expenses court costs if suit were to be filed"

Company Name

Printed Name of Authorized Officer Signature

Title

Authorized Officer Signature

Title

Date

****Required****



North States Steel



FINANCIAL STATEMENTS

Contact:	Phone
Email:	Fax:

CONFIDENTIAL FINANCIAL INFORMATION

THIS WILL BE USED FOR CREDIT EXTENSION INFORMATION ONLY AND WILL NOT BE FURNISHED OR DIVULGED TO ANY OTHER FIRM OR AGENCY. AS AN ALTERNATIVE, PLEASE ATTACH THE MOST CURRENT FINANCIAL STATEMENT

INCOME STATEMENT DATA

Total Revenue:	Total Operating Expenses
Cost of Sales:	Net Income:

BALANCE SHEET DATA

ASSETS	LIABILITIES
Cash:	Accounts Payable:
Accounts Receivable:	Other Current Liabilities:
Inventory:	Total Current Liabilities:
Total Current Assets:	Other Liabilities:
Non-Current Assets:	Total Liabilities:
Total Assets:	Total Equity:



North States Steel



CERTIFICATE of RESALE
Blanket Form

(This form required only if non-taxable and/or copy of certificate)

North States Steel Corp.

The undersigned hereby certifies that all tangible personal property hereafter purchased by him is for purposes of resale and assumes liability for payment of retailer's occupation tax or use with respect to receipts from the resale of this property to users or consumers.

This certificate shall be considered a part of each order which we shall give, Unless such order otherwise specifies.

Purchaser's Co. Name: _____

Signature

Date

Certificate of Registration

Number of Vendor, NSS:

2612-0682

Certificate of Registration

Number of Purchaser:



North States Steel



Payment Remit to Address

Paper Payment

North States Steel Corp.
12255 IL Route 173
Hebron, IL 60034-9610

ACH Payment

Busey Bank
7020 County Line Road
Burr Ridge, IL 60527

Routing Number: 071102568

Jeannine Giacomino
Credit Fax Number: 815-648-4187



North States Steel



Unloading Instructions

Please fill out to better expedite your delivery requirements

Shipping Contact: _____

Phone No.: _____

Forklift Side ____ Forklift Rear ____ Overhead Crane ____ Hand Unload ____

Maximum skid weight _____

Max Coil weight: _____ Min Coil weight: _____ I.D. _____ O.D. _____

Receiving Hours: _____

Do you require a call prior to delivery? _____

Do you require a delivery appointment? _____

Can you unload a semi truck? _____

Can you unload in bad weather? _____

Other requirements:

SEND ORDER ACKNOWLEDGMENT TO:

Contact:	Phone:	Fax:
Other:	Other:	Other:

SEND INVOICES TO:

Contact:	Phone:	Fax:
Other:	Other:	Other:

ACCOUNTS STATEMENTS: (ONLY IF REQUIRED)

Contact:	Phone:	Fax:
Date required each month:	Fax:	Email:



North States Steel



CLAIM PROCEDURES

Please use the following guidelines when filing a claim with us.

1. All claims must be filed within 30 days from receipt of material. There will be no exceptions to this.

Upon inspection of material any defects must be noted and sent to us by fax or email to the Traffic Department ATTN: DanWilliams dwilliams@northstatessteel.com
Fax 815-648-4185

Please stop further processing of our material until you receive instruction from us.

2. We need proof/evidence for the claim, please provide us with bill of lading, photos, and tag numbers.

It is important your receiving department indicates the discrepancy on the bill of lading at the time of receipt. If such exceptions are not noted, it may be cause for rejection of claim.

3. Please separate and set aside damaged material. This material must be stored inside. Where damages are obvious, leave material with the wrapping intact.

Failure to comply with these procedures will jeopardize the settlement of your claim.

We appreciate your cooperation in order to process your claim properly.

North States Steel Corp.

I acknowledge I have read and agree to the above claim procedure

Signature

Date