

Phone: 800-521-5210

**CREATE YOUR PROFILE
& CREDIT APPLICATION**

Fax: 800-346-2216

COMPANY DETAILS

Legal Name		Trade Name (D.B.A.)	
Billing Address		City	State Zip Code
Ship to Address (if different from above)		City	State Zip Code
Phone:	Fax:	E-Mail Address:	
Accts Payable Contact:		Phone/Ext.	
Ownership: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> C Corp <input type="checkbox"/> L.L.C.		Fed. Tax ID #	
Type of Business:	Date Business Started:	Date of present ownership:	
Amount of credit desired:	People authorized to order: _____		

PRINCIPALS

Name	Title	Home Phone No.	
Home Address		City	State Zip Code
Name	Title	Home Phone No.	
Home Address		City	State Zip Code

REFERENCES

Please supply at least 3 Trade References

Name: _____	Phone: _____
	Fax: _____
Name: _____	Phone: _____
	Fax: _____
Name: _____	Phone: _____
	Fax: _____

SALES TAX

In compliance with sales & use tax laws, it is necessary that we have this form completed and on file for all our customers. You may contact your local government to ask questions regarding sales tax in your area on all items purchased from a GroupeStahl company.

Sales Tax ID Number: _____ Please place an X in the appropriate box:

Exempt from Sales Tax

Non-Exempt from Sales Tax

In the event this claim is disallowed, the Purchaser agrees to reimburse the Seller for the amount of tax involved.

All information requested should be completely filled out. The information that you provide is for internal use. It is not given, rented or sold to other parties.

Phone: 800-521-5210

Confidential
Request for Bank Credit Information

Fax: 586-772-3978

Company Name

Name on Bank Account

Your Address

City

State

Zip Code

Your Phone No.

Bank Account No. for Reference

Bank Name

Bank's Phone No.

Bank's Fax No.

Bank's Address

City

State

Zip Code

The above account has given the name of your bank as a reference in applying for credit terms with us. We would greatly appreciate you completing the information below. All information will be held in strict confidence.

Please accept this as an authorization to verify and / or release the information requested.

Authorized Applicant Signature

Title

Type or Print Name

Date

TO BE COMPLETED BY THE BANK ONLY

Date Account Opened: _____

Any NSF s Checks? Yes No

How many in the last 12 months? _____

Deposit account relationship satisfactory? Yes No

Average: Low Medium High

Balance: 1-4 Figures 5 Figures 6 Figures

Loan Experience: None Satisfactory Unsatisfactory

Authorized Bank Signature

Bank Title

Type or Print Name

Date

Payment made to Seller, must be made without discount in United States dollars, pursuant to the terms set forth by the agreement between Buyer and Seller. In the event Buyer does not pay amount due pursuant to the terms of the agreement between Buyer and Seller, Buyer agrees to pay delinquent interest charge of 2% per month pursuant to the laws of the State of Michigan. Checks returned from the bank for insufficient funds or stop payment are subject to a fee.

Buyer agrees to immediately examine product upon receipt of delivery by Seller. Buyer agrees that he shall advise of any defective product within 15 days of receipt. Buyer also agrees that they will examine immediately upon receipt each and all of the Seller's invoices and statements, and they will advise Seller of any transaction disputes within 10 days of receipt in writing. Failure to notify Seller of any dispute or defective goods shall constitute a complete waiver of any and all such disputes.

Buyer may only return product in the original undamaged packaging with prior authorization. All returns must be accompanied by RA number written on the outside of the shipping container. Stock items can be returned, damage free, prepaid freight with a restocking fee within 30 days of purchase. Custom and / or non-stock items cannot be returned – these items have been cut / designed specifically for you.

In the event that the State disallows the Buyer's exemption from sales tax, the Buyer agrees to reimburse the Seller for the amount of tax involved.

The Seller will be reimbursed for reasonable attorney's fees and cost of collection on any past due bill, regardless of whether judicial action is undertaken. The Buyer agrees that jurisdiction and venue for any dispute under this contract are proper in Macomb County, State of Michigan.

AUTHORIZATION

I / We individually, as principal(s) or officer(s) of the company, hereby authorize and request any GroupeStahl company to consider my company's application, and authorize company creditors and business references to provide any and all information concerning the financial and credit history in conjunction with this application and on a continuing basis to determine credit worthiness.

Signature: _____

Title: _____

Print Name: _____

Date: _____

Signature: _____

Title: _____

Print Name: _____

Date: _____

GUARANTY

That as individuals, and as partners, shareholders, officers, directors, employees, or authorized representatives, we, the undersigned and each of us, in consideration of any and all credit granted by Seller, guaranty prompt payment when due of any and all indebtedness now due or which may hereafter become due from said entity to Seller. This shall be a continuing guaranty and shall not be revocable, except upon actual receipt by Seller of written notice that we, or any of us, revoke said guaranty as to transactions subsequent to the date such notice is received and, in such event, we shall continue to be responsible for any and all transactions which occurred prior to the date Seller actually received said notice. Guarantor agrees to be bound by each and all the terms and conditions set forth in the Credit Application herein.

Guarantor: _____

Date: _____

Print Name: _____

Guarantor: _____

Date: _____

Print Name: _____