

SABEL INDUSTRIES, INC.
P.O. BOX 4747
MONTGOMERY, ALABAMA 36103-4747
1-800-392-5754 / 334-265-6771
FAX: 334-264-0610
CREDIT APPLICATION

DATE _____ DIVISION _____

I. GENERAL INFORMATION:

Legal name of business or individual _____

Doing Business As _____

Mailing Address _____

City _____ County _____ State _____ Zip Code _____

Phone No. _____ Fax No. _____

Business Website Address _____ Nature of Business _____

Ship To Address (Complete address, including County, at which you maintain a place of business)

Federal I.D. # _____ Dunn & Bradstreet # _____

Is this business a: _____ Corporation _____ Partnership _____ Proprietorship _____ LLC _____ Other _____

If incorporated, state of incorporation. _____

How long have you been in business? _____

Parent Co. (If Applicable) _____

Street _____ City _____ State _____ Zip Code _____

Name, title, and address of corporate officers, partners, or owners:

Have you declared bankruptcy in the last 14 years? If so, give date, court and outcome.

Is this business a defendant in any suits or legal actions? _____

If so, please explain: _____

Do you pay sales tax? _____ Yes _____ No; Sales Tax Exemption No. _____ Please attach exemption certificate.

If yes, what rate do you pay: State of _____, _____%

City of _____, _____%

County of _____, _____%

Do you issue purchase orders? _____ Yes _____ No; If yes, _____ written or _____ verbal?

List authorized buyers _____

Special Billing Instructions _____

Accounts Payable Contact _____ A/P Phone _____ Ext. _____

Do you require statements? _____ Yes _____ No A/P Email _____

Credit Limit Requested _____ Credit Application Contact _____

Bank Reference

Bank Name _____ Account No. _____
Street _____ Bank / Loan Officer _____
City _____ State _____ Zip Code _____
Phone No. _____ Fax No. _____

Current Trade References

1) Name _____ Phone No. _____ Fax No. _____
Street _____ City _____ State _____ Zip code _____
2) Name _____ Phone No. _____ Fax No. _____
Street _____ City _____ State _____ Zip Code _____
3) Name _____ Phone No. _____ Fax No. _____
Street _____ City _____ State _____ Zip Code _____

Steel Reference

4) Name _____ Phone No. _____ Fax No. _____
Street _____ City _____ State _____ Zip Code _____

II. TERMS, LATE CHARGES, LEGAL FEES

TERMS: Net 30 from invoice date.

LATE CHARGES: A late charge of 1 ½% (18% per annum) will be added to any balance that has not been paid by the due date. This late charge is controlled by State and Federal laws and in accordance with those laws may be subject to change.

LEGAL FEES: Reasonable attorney fees, all cost of litigation, and collection costs incurred in collecting delinquent accounts, whether or not suit is filed, will be added to the account balance.

The undersigned submits the above Credit Application and the information contained therein for the purpose of obtaining, or maintaining credit with you on behalf of the undersigned or persons, firms or corporations on whose behalf undersigned has been duly authorized to open and maintain such account. The undersigned understands that you are relying on the information provided herein in deciding to grant or continue credit.

The undersigned represents and warrants that he has been duly authorized to open this account, make this application and the representations herein. The undersigned represents and warrants that the information provided is true, correct and complete and that you may consider this statement as continuing to be true and correct until written notice of a change is given to you by the undersigned. You are authorized to make all inquires you deem necessary to verify the accuracy of the statements made herein, and to determine creditworthiness. You are authorized to answer questions about your credit experience with us.

If credit is extended to the undersigned, then the undersigned agrees to pay all of your reasonable attorney fees, collection costs, and costs of litigation incurred in collecting any delinquent accounts of the undersigned.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE

Print Name

SIGNATURE
Title _____
Date _____

Print Name

SIGNATURE
Title _____
Date _____

(Only officer, partner, or owner may sign)

PLEASE ATTACH A COPY OF YOUR MOST RECENT FINANCIAL STATEMENT.