



CREDIT APPLICATION

NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
TELEPHONE: _____
FAX: _____

Person to contact concerning Accounts Payable:

Name: _____ Title: _____
Phone: _____



Please list 3 major suppliers:

1. Name: _____ Phone: _____ Fax: _____
Address: _____ City, State, Zip: _____
2. Name: _____ Phone: _____ Fax: _____
Address: _____ City, State, Zip: _____
3. Name: _____ Phone: _____ Fax: _____
Address: _____ City, State, Zip: _____

Bank References: Name: _____
Phone: _____ Account # _____
City, State, Zip: _____



I _____ (name) _____ (title) certify that the above noted firm is financially able to meet their commitments and that they expect to pay Southern Galvanizing Company their invoices in accordance with net 30 day terms of sale which are due from the date of the invoice.

Signature

Date



If you have any questions on this form or our credit policies, please contact Mike Mullen at 410-837-3841. Please fax completed form to Mike at 410-752-5848 or e-mail it to Mike@sogalv.com. Thank You!