



Credit Application

9925 NW 116th Way, Medley, FL. 33178
PH# 305.863.7480 Fax. 305.887.1525
www.MedleySteel.com

Date: _____

Customer Name: _____

Trade Name: _____

Street Address: _____ P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Telephone Business: () _____ Residence: () _____

Fax: () _____ Tax No.: _____

Corporation ____ Partnership ____ Proprietorship ____

PRINCIPALS:

NAME	TITLE	HOME ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person to contact for payment: _____

BANK INFORMATION:

Name: _____ Account # _____

Address: _____ Telephone: () _____

CREDIT REFERENCES:

NAME	ADDRESS	TELEPHONE No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

Credit Limit Requested \$ _____ Years in Business: _____
Do you own business property? _____ Mortgage owed: _____
Value: _____

IMPORTANT: Please enclose a copy of your latest financial statement.

Conditions of Credit: Terms are Net 30 Days. 1-1/2% per month will be assessed against any past due balance. The customer agrees to pay all costs of collection, or cost of attempting to collect delinquent payments, including reasonable attorney fees, whether collected through suitor otherwise.

AUTHORITY TO INVESTIGATE AND DISCLOSE INFORMATION

MEDLEY STEEL CORP. is authorized to conduct an independent investigation of the financial condition of the customer's principals and guarantors. MEDLEY STEEL CORP. is authorized to contact third parties including the persons named in the Credit Application. MEDLEY STEEL CORP. is authorized to release all information to third parties in response to credit inquiries.

Date: _____ **Signed** _____

S.S. # _____
(Clearly print name of person signing)

Date: _____ **Signed** _____

S.S. # _____
(Clearly print name of person signing)

PERSONAL GUARANTY

The undersigned, for good consideration, hereby absolutely and unconditionally guarantee(s) timely payment of all present and future indebtedness owed by Customer and its successors to **MEDLEY STEEL CORP.** together with interest on all delinquent accounts at the maximum rate allowed by law, plus all costs of collection, including reasonable attorney's fees.

Date: _____ **Guarantor** _____

S.S. # _____
(Clearly print name of person signing)

Date: _____ **Guarantor** _____

S.S. # _____
(Clearly print name of person signing)

FOR OFFICE USE ONLY

Date: _____ **Credit Limit:** _____

Approved By: _____ **Approved By:** _____

Comments:

