



PENN

STAINLESS PRODUCTS, INC.

Date: _____

Acct # _____

The above for Internal Use Only

190 Kelly Road • P O Box 9001 • Quakertown PA 18951-9001
800-222-6144 • (215) 536-3053 • FAX (215) 536-3255

APPLICATION FOR CREDIT

Legal Name of Applicant		
Trade Name/dba		Email Address
Billing/Mailing Address	Phone No.	Fax No.
	# of Employees	President
	Federal Tax ID No	# of Years in Business

____ Incorporated ____ Proprietorship ____ Partnership

Treasurer/Controller _____ Person to Contact for Payment _____

Major Trade References: (preferably in the steel industry)

	Name of Company	Phone No	City, State, ZIP
1			
2			
3			
4			

Bank References:

Bank		Address
Account #	Contact	Phone Number

Are any assets of the Company pledged as security for debt? ___Yes ___ No

To induce Penn Stainless Products, Inc. to extend a line of credit for purchases under credit sales terms as stated on invoices, we authorize PSP to contact the references and banks listed above. We also understand that this information will be held in strict confidence and be used solely for the consideration of extension of credit to us.

Authorization _____
Signature
Title
Date

****PLEASE SEND APPROPRIATE TAX EXEMPTION
CERTIFICATE WITH APPLICATION****