



SUBMIT VIA E-MAIL

USA Fax 360 577 9186

CDN Fax 604 946 0783

Credit Application

FILLABLE ONLINE FORM

Cust I.D. _____

Requested Credit:	Approved Credit:
-------------------	------------------

Name of Business: _____

Address:	Zip / Postal:
----------	---------------

City /Town:	State / Province:
-------------	-------------------

Office Telephone:	Ext:	Office Facsimile:
-------------------	------	-------------------

Cellular Phone:	U.S. Federal Tax I.D.#:
-----------------	-------------------------

G.S.T#: <small>Canada Only</small>	P.S.T#: <small>Canada Only</small>
------------------------------------	------------------------------------

Contact (s):	Acct Payable Contact:
--------------	-----------------------

Email:	Website:
--------	----------

Year Business Started:	No. of emp	Do you require P/O's? Y N
------------------------	------------	---------------------------

Persons entitled to issue P/O's:

Co. Principals:	Name:	Position:
	Name:	Position:

Name of Financial Institution:	Phone#:
--------------------------------	---------

Address of Financial Institution: _____

References: (They must be current, major suppliers)	Credit Limit:	Fax # no phone # please:

CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY

I / we hereby certify that the information in this credit application is correct. The information included in this credit application will be used by NAP Steel in determining the amount and conditions of the credit to be extended. I / we understand that NAP Steel may also utilize the other sources of credit which it considers necessary in making this determination. Further, I / we hereby authorize the bank and trade references listed in this credit application to release the information necessary to assist NAP Steel in establishing a line of credit. This consent is given pursuant to section 12 of the Personal Information and Reporting Act S.B.C. 1973. It is also agreed that we will share our Accounts Receivable information with Creditel and Dun & Bradstreet as part of our ongoing credit check on all our customers.

Policy Statement: Initial orders from new accounts will not be processed unless accompanied by the above requested information.

TERMS: NET 30 DAYS FROM DATE OF INVOICE UNLESS OTHERWISE STATED

Interest will be charged on overdue accounts at the rate of 2% per month / 24% per annum

		/ /
Authorized Signature	Title	DD MM YYYY
		Date

In the event that this form is electronically submitted, a typed signature will be considered as legally binding

**** THE INFORMATION PROVIDED ON THIS SHEET IS SOLELY INTENDED FOR THE USE OF NAP STEEL, IN DETERMINING CREDIT****
AND WILL NEVER BE DISCLOSED TO OTHER PARTIES WITHOUT YOUR WRITTEN CONSENT