BÖHLER UDDEHOLM
Specialty Metals, Inc.

440 Quadrangle Drive Suite D
Bolingbrook, IL 60440

Telephone: 877-992-8764
Fax: 630-759-2546

Please Fax
Completed Application and
Tax Exempt Certificate to:
630-759-2546

APPLICATION FOR CREDIT

Please check all that apply:

☐ Proprietorship ☐ Partnership ☐ Corporation F.E.I.N. # _____

☐ **Taxable** ☐ **Tax-Exempt** *(Please attach copy of your form or we must charge tax.)*

Company Name:

Address:

City: **State:** **Zip:**

Telephone: **Fax:**

Officers, Partners, Owners

(1) Name: **Title:**

(2) Name: **Title:**

Person(s) Responsible for Payment

Controller: **Direct Line/Ext:**

A/P Contact: **Direct Line/Ext:**

Business References

Name:

Address:

City: **State:** **Zip:**

Telephone: **Fax:**

Name:

Address:

City: **State:** **Zip:**

Telephone: **Fax:**

Name:

Address:

City: **State:** **Zip:**

Telephone: **Fax:**

Name:

Address:

City: **State:** **Zip:**

Telephone: **Fax:**

AGREEMENT

The applicant agrees that the extension of credit shall be subject to the following:
Terms are that which are stated on the invoices. All amounts are due in accordance with stated terms. Past due balances are subject to an annual service charge of 18%. Should it be necessary to assign the account balance to a licensed collection agency or attorney for legal action, all subsequent collection charges and legal fees shall be paid by the applicant. The undersigned hereby authorizes the above named companies to release information requested on the applicant.

Authorized Signature *Title* *Date*