



Special Metals Incorporated
2009 S. Broadway Box #1
Moore, Oklahoma 73160
Phone: (405) 703-8024
Fax (405) 703-8100

Customer Credit Application

Please fill this form out completely then press the PRINT FORM button below

Legal Name: [text box]

Billing Address: [text box]

City: [text box] State: [text box] Zip: [text box]

Shipping Address: [text box]

City: [text box] State: [text box] Zip: [text box]

Phone: [text box] Fax: [text box] Duns: [text box]

Corporation Individual Partnership Other [text box]

Note: Your signature is required at the bottom of this page before faxing or e-mailing this form to our credit department.

Type of Business: [text box] How long in Business: [text box] Owners: [text box]

Number of Employees: [text box] A/P Contact: [text box] E-mail: [text box]

Bank Name: [text box] Account #: [text box] Requested Line of Credit: [text box]

Taxable: Yes No If you select no please include a copy of your state sales tax exempt permit with this application.

Sales Tax #: [text box] Federal Tax or SSN#: [text box]

Please list 3 references below

Trade Reference 1: [text box] Bank Reference 1: [text box]

Phone: [text box] Fax: [text box] E-mail: [text box]

Trade Reference 2: [text box] Bank Reference 2: [text box]

Phone: [text box] Fax: [text box] E-mail: [text box]

Trade Reference 3: [text box] Bank Reference 3: [text box]

Phone: [text box] Fax: [text box] E-mail: [text box]

Applicant's signature attest's financial responsibility and willingness to pay our invoices in accordance with the stated terms of 1% 10net30 and additionally to pay a service charge for all invoices paid after the aforementioned terms. Should suit or collection be instituted in collection of our debt we hereby agree to pay all reasonable collection cost's, expenses, attorney fee's, and court cost's incurred in the enforcement of the obligations of the undersigned as allowed by law. I hereby authorize our credit references to release any information necessary to assist in establishing a line of credit with SpecialMetals Incorporated.

Signature: [text box] Title: [text box] Date: [text box]

Credit department use only

Limit: [text box] Tax Letter Sent: [text box] Sales Territory: [text box]

Customer #: [text box] D & B Rating: [text box] Report Order: [text box]

Please e-mail or fax completed form to ar@specialmetalsinc.com or (405) 703-8124