



7851 BAVARIA ROAD  
 TWINSBURG, OH 44087  
 PHONE/ 330.425.7000  
 FAX/ 330.425.7300  
 OLIVERSTEEL.COM

Thank you for applying for credit with Oliver Steel Plate Company. If you are tax exempt, please submit a copy of your tax-exempt certificate with your application. You may fax your completed application to 330-405-4973 or 330-425-7300.

**CREDIT APPLICATION**

Company Name \_\_\_\_\_  
 Trade Name (if different) \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 County \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Billing Address (if different) \_\_\_\_\_  
 Accounts Payable Contact \_\_\_\_\_ Phone \_\_\_\_\_

Type of business:

Corporation     Limited Liability Company     Sole Proprietorship     Partnership

State of Incorporation or Registration \_\_\_\_\_  
 Date Business Started \_\_\_\_\_ No. of Employees \_\_\_\_\_ Annual Sales \_\_\_\_\_

List Owners and Officers, and ownership percentage (provide home address and social security numbers if sole proprietorship or partnership). Attach additional sheets if necessary.

Name \_\_\_\_\_ Title \_\_\_\_\_ % \_\_\_\_\_  
 Address \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ % \_\_\_\_\_  
 Address \_\_\_\_\_

**BANK REFERENCE**

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone No. \_\_\_\_\_ Contact Name \_\_\_\_\_  
 Account No. \_\_\_\_\_

Do you authorize this bank to release information regarding this account and your credit in general?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

Signature authorizing bank to release information and verification that above information is correct: \_\_\_\_\_

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**CREDIT REFERENCES**

Name _____	Name _____
Address _____	Address _____
Phone _____	Phone _____
Fax _____	Fax _____

Name _____	Name _____
Address _____	Address _____
Phone _____	Phone _____
Fax _____	Fax _____

**ADDITIONAL TERMS AND CONDITION OF SALE**

The applicant certifies that the information contained herein is true and correct and further agrees that **OLIVER STEEL PLATE CO. (“OLIVER”)** may turn to a credit reporting bureau for verification of the information provided. Applicant agrees that if credit is extended, all credit and sales made shall be subject to the following:

1. Applicant shall pay the full amount of the invoice(s) when due, which is defined to be thirty (30) days from the invoice date, unless otherwise specified on the invoice.
2. If payment in full is not received by the due date, Applicant shall owe, in addition to the invoice amount, a late fee of 1.5% per month, or the maximum allowed by law, on all unpaid invoices, plus the cost of collection, including attorney’s fees, court costs and collection expenses that **OLIVER** may incur in recovering the amount owed.
3. In the event of a dispute regarding the sale of merchandise by **OLIVER**, including any customer claims, it is understood that the laws of Ohio shall be controlling and Applicant, as Buyer, consents to the jurisdiction and venue of a Court of competent jurisdiction in Cuyahoga or Summit County Ohio, unless otherwise waived by **OLIVER**.
4. Application acknowledges receipt of and agrees hereafter to accept **OLIVER**’s terms and conditions of sale as printed on the **OLIVER** invoices and/or packing lists.

**APPLICANT:**

Company _____	_____
Name _____	Title _____
Signature _____	Date _____