

## **APPLICATION FOR OPEN CREDIT**

COMPANY NAME	D:				
STREET ADDRES	S:			CREDIT LIMIT REQUIESTED:	
CITY:	STATE:	ZIP:		\$	
PHONE:	FAX:			TAX EXEMP?	
BILLING ADDRES	SS:			ATTACH A COPY OF	F CERTIFICATE
CITY:	STATE:	ZIP:		PO REQUIRED?	YESNO
PHONE:	FAX:			MONTHLY STATE	MENT REQUIRED?
ENGAGED IN THE BUSINESS OF:				YES	NO
	CORPORATION _PROPRIETORSHIP_	SOLI	INERSHIP E OWNER		
The Principal Owner NAME	rs or Stockholders and C ADDRESS	Officers are:	PHONE	SSN	
We have regular acco NAME	ounts with the following ADDRESS	g, and authorize you	to contact them for <b>PHONE</b>	credit information. FAX (requ	ired)
Bank Reference	Cont	act Office	Pho	oneC	ontact
Applicant (WE) agrees to Big Sky Steel & Salvage, Inc. payment terms: payment is due in full thirty (30) days from invoice date. We agree that if payment is received by Big Sky Steel & Salvage, Inc. 30 or more days past payment terms, to pay a service charge of 1.5% or maximum allowed by law. Applicant shall pay and discharge all costs, expenses, and reasonable attorney's fees should the account be placed with a third party for collection, as well as all costs, expenses and reasonable attorney's fees incurred by Big sky Steel & Salvage, Inc. in the enforcing the covenants and agreements of the open account, whether by the institution of litigation or in the taking advice of counsel, or both. In the event a legal action will be commenced in a court of competent jurisdiction in the county in which the distributing warehouse is located. No terms or condition hereof may be changed except by written consent of Big Sky Steel & Salvage, Inc.					
SIGNATURE		TI	TLE	DAT	E

Fax Form to :406-248-7467 or E-MAIL form to : shari@bigskysteel.com