

CREDIT APPLICATION

Date _____

Name _____

(Name of Parent Company if subsidiary) _____

Address _____ City _____

State _____ Zip Code _____ Phone _____

Kind of Business _____ Started _____

Corporation _____ Partnership _____ Proprietorship _____ Other _____

Names of Officers _____ Position _____

_____ Position _____

REFERENCES (vendors that you purchase from on open account):

Name _____ Phone _____

Address _____ City _____ State _____

Name _____ Phone _____

Address _____ City _____ State _____

Name _____ Phone _____

Address _____ City _____ State _____

Name _____ Phone _____

Address _____ City _____ State _____

BANK REFERENCE:

Name _____ Phone _____

Address _____ City _____ State _____

Acc.Nos. _____ Officer _____

The above information is for the purpose of obtaining commercial credit and is true, correct and complete. Creditor is hereby expressly authorized to investigate the references herein listed. Applicants signature attests to applicants financial responsibility, ability and willingness to pay Creditor invoices in accordance with invoice "Terms of Sale", and further agrees that in the event of a dispute Olympic may institute an action for collection of any amount due from buyer in any court of competent jurisdiction and buyer consents to jurisdiction and venue of the courts located in Cuyahoga County, Ohio.

Applicant's Name

Authorized Signature

Title

Please fax or mail completed form to:

OLYMPICSTEEL

A Division of Olympic Steel, Inc.
625 Xenium Lane North
Minneapolis, MN 55441
(763) 544-7100
(763) 544-0975/FAX