

# Stelco DISTRIBUTORS, INC.

2230 SW 70th Ave. #4  
Ft. Lauderdale, FL 33317

## CREDIT APPLICATION

Property Name:		Phone:	
Legal Name:		Phone:	
Please Select One: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other			
Delivery Address:	City:	Sate:	Zip:
Billing Address:	City:	Sate:	Zip:
Management Company Name:		Phone:	
Ownership/Corporate Information:		Phone:	

## TRADE REFERENCES

Name:	Account#:	Phone:	Fax:
Name:	Account#:	Phone:	Fax:
Name:	Account#:	Phone:	Fax:

## ACCOUNTS PAYABLE INFORMATION

Community Manager:		Email:	
DOB:	Phone:	Fax:	
Community Supervisor:		Email:	

DOB:	Phone:	Fax:
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A/P Management Contact:	Email:
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Phone:	Fax:
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Date You Took Over Management:	Date Property Purchased:	(If applicable) Number of Units:
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Purchase Order # Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Your Sales Exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes Certification Must Be Attached)	Approx. Monthly Purchases:
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The undersigned certifies the above information to be true and correct, that it is submitted for the purpose of obtaining credit and agrees to the Terms and Conditions of Sales of Seller on reverse side and any changes to those terms, which may occur in the future; and further acknowledges and agrees that applicant is authorized to bind itself and its principal in accordance with the terms herewith; all of which are herein incorporated by reference. The undersigned further authorizes Seller to request and receive credit reports from credit bureaus and other credit service organizations regarding the undersigned's personal credit for the purpose of investigating the Purchaser's business and its eligibility for commercial credit. The undersigned consents to an investigation into the creditworthiness of the Purchaser.

Signature:

Title:

Printed Name:

Date: