

## **APPLICATION FOR OPEN CREDIT ACCOUNT**

Please complete in full, sign and return by fax to Worthington Steel Credit Dept. at (614) 840-4616 or via email to WSCreditRelease@WorthingtonIndustries.com. Please include any other relevant documentation with the fax/email.

Company Name:	
Billing Address:	Shipping Address:
City: Sta	ate: Zip:
Phone:	Fax:
Accounts Payable Contact:	
*Phone & Fax (if different from above):	E-mail:
Nature of your business:	
DUNS#:	
Type of Business: Corporation	Partnership Sole Proprietorship
Worthington Salesperson:	
Name: <u>Addre</u>	archase on open credit terms. <b>Minimum of three required</b> .
	e*Fax
2	
ContactPhon	
3	
	e*Fax
	e*Fax

## **BANK REFERENCE**

	Type of Account:	Savings	Checking	Loan			
Bank Name:	Account #:						
Address:							
Fax:		Contact Nam	e:				
	Amount of Credit I	Desired: \$					
*Please fax a cop	y of the initial purch	ase order with	this signed appli	ication.			
with <u>Worthingto</u> authorized to con any information	ication be approved, l <u>n Steel's standard ter</u> ntact any references li obtained will be cons and will be held in con	<u>ms</u> and conditisted on this aj idered privileg	tions of sale. Wo pplication; howe	rthington Steel is ver, it is understood	d that		
We,	Company Name		?	,			
terms. We herek information to th The following for	an order with Worth by authorize you, as a ne Worthington Steel rm will outline the inf el is appreciated. Th	reference liste credit departr formation need	ed above, to relea nent, for purpose	se relevant credit es of their investiga	tion.		
X Signature		Date:					
Title							
application.	or own trade referenc cations will be return on is received.			C			
Revised 10-03 dab							