

# NORFOLK IRON & METAL COMPANY

**CORPORATE**

3001 N Victory Rd  
PO Box 1129  
Norfolk NE 68702  
(402) 371-1810  
Fax (402) 379-5418

31181 WCR 39-1/2  
PO Box 1776  
Greeley CO 80632  
(970) 352-6722

1701 E South Ave  
PO Box 1467  
Emporia KS 66801  
(620) 342-9202

101 Norfolk Iron Drive  
PO Box 848  
Durant IA 52747  
(563) 785-6943

## APPLICATION FOR CREDIT

DATE: \_\_\_\_\_ NEW \_\_\_\_\_ UPDATED \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

SHIP TO ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

MAIL TO ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL: \_\_\_\_\_ WEB PAGE: \_\_\_\_\_

DATE STARTED \_\_\_\_\_ CORPORATION \_\_\_\_\_ PROPRIETORSHIP \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_

PARENT COMPANY \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**OWNERS AND/OR PRINCIPAL OFFICERS:**

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_

FEDERAL ID NUMBER \_\_\_\_\_ OR SOCIAL SECURITY NUMBER \_\_\_\_\_

ALL ORDERS ARE: TAXABLE \_\_\_\_\_ CITY RATE \_\_\_\_\_ COUNTY RATE \_\_\_\_\_ STATE RATE \_\_\_\_\_

TAX EXEMPT \_\_\_\_\_ REASON \_\_\_\_\_ DOCUMENTATION PROVIDED? \_\_\_\_\_

***NOTE: Norfolk Iron & Metal will charge all applicable sales tax unless proper documentation of exemption is provided. Also, a \$25.00 fee per invoice will be charged to bill and/or credit sales tax when due to customer error. (Multi-jurisdiction form provided. Please complete and return with this credit application)***

**TYPE OF ACCOUNT REQUESTED:**

PAYMENT IN ADVANCE OR NET 30? \_\_\_\_\_ IF NET 30, AMOUNT REQUESTED \$ \_\_\_\_\_

I/WE HEREBY AUTHORIZE NORFOLK IRON & METAL TO OBTAIN CREDIT INFORMATION FROM MY BANKS AND SUPPLIERS AS NECESSARY. I/WE FURTHER AGREE TO BE RESPONSIBLE TO PAY FOR MATERIALS ACCORDING TO THE TERMS EXTENDED AND AGREE TO PAY SERVICE CHARGES OF 1.5% PER MONTH OR 18% ANNUM ON LATE PAYMENTS. I/WE AGREE THAT VENUE FOR ANY LEGAL ACTION WILL BE IN MADISON COUNTY, NEBRASKA. ALL INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. THE FAXED SIGNATURE MAY BE USED IN PLACE OF ORIGINAL SIGNATURE.

FIRM NAME \_\_\_\_\_

BY \_\_\_\_\_ TITLE \_\_\_\_\_  
(AUTHORIZED SIGNATURE)

**CREDIT REFERENCES MUST BE COMPLETED ON PAGE 2**

**(FAX TO CREDIT DEPT. 402-379-5418)**

BANK NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

ACCOUNT MANAGER \_\_\_\_\_ CHECKING ACCT# \_\_\_\_\_

**FOUR MAJOR SUPPLIER REFERENCES** LOAN #'s \_\_\_\_\_

NAME	CITY/STATE	PHONE	FAX
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

Annual Sales \_\_\_\_\_ Financial Statements enclosed \_\_\_\_\_

Number of employees \_\_\_\_\_ Product Line \_\_\_\_\_ Nature of business \_\_\_\_\_

**STOP HERE and FAX TO 402-379-5418 WITH TAX EXEMPTION FORM**

**BANK REPORT:**

DATE ACCT OPENED \_\_\_\_\_ LENGTH OF RELATIONSHIP \_\_\_\_\_ AVG BALANCE \_\_\_\_\_ NSF'S # \_\_\_\_\_

LOC\$ \_\_\_\_\_ BALANCE ON LOC\$ \_\_\_\_\_ SECURED \_\_\_\_\_ UNSECURED \_\_\_\_\_ OTHER SECURITY \_\_\_\_\_

OTHER LOANS \$ \_\_\_\_\_ # OF LATE PYMNTS \_\_\_\_\_ NET WORTH \_\_\_\_\_ WORKING CAPITAL \_\_\_\_\_

COMMENTS \_\_\_\_\_

**TRADE REFERENCE REPORT:**

	<u>OPEN</u>	<u>TERMS</u>	<u>HIGH CREDIT</u>	<u>BALANCE</u>	<u>CURRENT</u>	<u>DLS</u>	<u>PAYMENT EXP</u>	<u>COMMENTS</u>
REF (1)	_____	_____	_____	_____	_____	_____	_____	_____
REF (2)	_____	_____	_____	_____	_____	_____	_____	_____
REF (3)	_____	_____	_____	_____	_____	_____	_____	_____
REF (4)	_____	_____	_____	_____	_____	_____	_____	_____

COMMENTS \_\_\_\_\_

CREDIT APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_ REASON \_\_\_\_\_

CREDIT LIMIT \_\_\_\_\_ DATE \_\_\_\_\_ POLICY LETTER? YES \_\_\_\_\_ DATE \_\_\_\_\_ NO \_\_\_\_\_

LIMIT RAISE TO \_\_\_\_\_ DATE \_\_\_\_\_ POLICY LETTER? YES \_\_\_\_\_ DATE \_\_\_\_\_ NO \_\_\_\_\_

**CREDIT MANAGER:**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_