

Priefert Steel Products

PHONE 903-572-1741 · TOLL FREE 1-800-527-8616 · FAX 903-572-2798
P. O. BOX 1540 · MT. PLEASANT, TX · 75456-1540 · 2630 S. JEFFERSON · 75455

Customer Credit Application

Business Information:

1. Business Name: _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) ____ - _____ Fax Number**: (____) ____ - _____

Release of your fax number implies that Priefert is authorized to send promotional/informational material to the indicated fax number.

Number of Years In Business _____ Do You Require a Purchase Order Number? _____

Sales Tax Permit #: _____ Types of Goods Sold: _____

2. Name(s) of Manager(s): _____

3. Type of Ownership: _____ Sole Proprietorship _____ Corporation _____ Partnership

4. Website Address: _____ E-Mail Address: _____

Date and State of Incorporation: _____

List names, addresses (including city and state), social security numbers, driver's license numbers and dates of birth of principal owners or corporate officers:

Name	Social Security #	Driver's License #	Date of Birth
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Street Address and/or PO Box	City/State/Zip		
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Name	Social Security #	Driver's License #	Date of Birth
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Street Address and/or PO Box	City/State/Zip		
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Name	Social Security #	Driver's License #	Date of Birth
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Street Address and/or PO Box	City/State/Zip		
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How did you become interested in Priefert Products?

Trade Show Business Associate Customer Request Advertising

Priefert Representative Cold Call Other _____

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Credit Information: PLEASE FILL IN FAX NUMBER FOR CREDIT REFERENCES

1. Name of Bank: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Banker's Name: _____ Account #: _____
Phone Number: _____ Fax Number: _____ E-Mail: _____

2. List three trade references:
- Name: _____ Account #: _____
Contact Person: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: (____) ____ - _____ Fax Number: (____) ____ - _____
E-Mail Address: _____

Name: _____ Account #: _____
Contact Person: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: (____) ____ - _____ Fax Number: (____) ____ - _____
E-Mail Address: _____

Name: _____ Account #: _____
Contact Person: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: (____) ____ - _____ Fax Number: (____) ____ - _____
E-Mail Address: _____

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Authorization for Release of Information:

I hereby authorize the bank and trade references listed herein to release to any representative of Priefert Manufacturing Co., Inc., any credit information which they may request. A photo static copy of this information form shall have the same force and effect as the original.

I acknowledge that all bills are payable at the corporate office of Priefert Mfg. Co., Inc., P.O. Box 1540, Mount Pleasant, TX, 75456-1540 . Credit card payments are not accepted.

I further acknowledge that all overdue accounts of 30 days or more will be assessed a service charge of 1.5% per month.

If the dealer application is approved, I understand that the authorization to sell or distribute Priefert products may be terminated by either party without cause after thirty (30) days written notice of termination. I certify that the information provided herein is true and correct.

Signed: _____

Printed Name: _____

Title: _____

Date of Signature: _____