

Special Metals Incorporated 2009 S. Broadway Box #1 Moore, Oklahoma 73160 Phone: (405) 703-8024

Fax (405) 703-8100

	Customer	Credit Application	Please fill this form out
Legal Name:			completely then press the PRINT FORM button below
Billing Address:			Button Sciow
City:	State:	Zip:	
Shipping Address:			
City:	State:	Zip:	Note: Your signature is required at the bottom
Phone:	Fax:	Duns:	of this page before faxing or e-mailing this form
Corpora	tion	rship Cther	to our credit department.
Type of Business:	How long ir	Business: Owners:	
Number of Employees: A/P Contact: E-mail:			
Bank Name:	Account #:	Req	uested Line of Credit:
Taxable: Yes No	If you select no please inclu	de a copy of your state sales tax e	xempt permit with this application.
Sales Tax #: Federal Tax or SSN#:			
	Please list 3	3 references below	
Trade Reference 1:		Bank Reference 1:	
Phone:	Fax:	E-mail:	
Trade Reference 2:		Bank Reference 2:	
Phone:	Fax:	E-mail:	
Trade Reference 3:		Bank Reference 3:	
Phone:	Fax:	E-mail:	
additionally to pay a service of Should suit or collection be in court cost's incurred in the en	harge for all invoices paid after the a stituted in collection of our debt we forcement of the obligations of the u	forementioned terms. hereby agree to pay all reasonable co ındersigned as allowed by law.	vith the stated terms of 1% 10net30 and ollection cost's, expenses, attorney fee's, and ine of credit with Special Metals Incorporated.
Signature:	Title:	Date:	
Credit department use only			
Limit:	Tax Letter Sen	t: Sa	ales Territory:
Customer #:	D & B Rating:	Re	eport Order: