



MIDWEST SPECIALTY METALS, INC.

CONFIDENTIAL CREDIT APPLICATION

LEGAL NAME: _____ FED. TAX #: _____ D&B No.: _____

MAILING ADDRESS: _____

STREET ADDRESS: _____

TRADE OF BUSINESS: _____ IN BUSINESS _____ YEARS

TYPE: CORPORATION CO-PARTNERSHIP LIMT'D PARTNERSHIP PROPRIETORSHIP
 SUBSIDIARY DIVISION AFFILIATED COMPANY OF _____

IF CORPORATION, INCORPORATED UNDER THE STATE LAWS OF _____ DATE: _____

TELEPHONE No.: _____ FAX No.: _____

WE ESTIMATE OUR MONTHLY REQUIREMENTS TO BE: \$ _____

PERSON TO CONTACT REGARDING PURCHASE ORDERS AND INVOICE PAYMENTS:

CONTACT: _____ TITLE: _____ PHONE NO.: _____

BANKING INFORMATION:

BANK NAME: _____ ADDRESS: _____

CONTACT: _____ TITLE: _____ PHONE NO.: _____

ACCOUNT NO(S): _____

REFERENCES (Metal Companies Preferred):

NAME: _____ ADDRESS: _____

CONTACT: _____ TITLE: _____ PHONE NO.: _____

NAME: _____ ADDRESS: _____

CONTACT: _____ TITLE: _____ PHONE NO.: _____

NAME: _____ ADDRESS: _____

CONTACT: _____ TITLE: _____ PHONE NO.: _____

THE ABOVE INFORMATION IS HEREWITH SUBMITTED FOR THE PURPOSE OF OPENING AN ACCOUNT AND I DO HEREBY CERTIFY THIS INFORMATION TO BE TRUE.

SIGNED: _____ TITLE: _____ DATE: _____