

P.O. BOX 837, 900 ROUTE 910, INDIANOLA, PA 15051 PHONE: (412) 767-5000 | FAX: (412) 767-5007

CREDIT APPLICATION

The following information is for the sole purpose of opening a credit account and will be held in the strictest confidence.

Please print or type.

COMPANY INFORMATION							
FULL LEGAL NAME			DBA OR DIVISION				
SHIPPING: STREET		BILLING: STREET					
STATE	ZIP	CITY	STA	ATE	ZIP		
CORPOR	PATION	PARTNERSHIP PROPRIETORSHIP OT		OTHER			
TNERS, AND/O	OR SOLE PRO	PRIETOR	CH	HECK IF:			
	TITLE			You have ever declared bankruptcy.			
	TITLE			A company in which you were an officer of held ownership has ever			
IAME TITLE		declared bankrupto You have any pena		any pending			
	TITLE	lawsuits against you your company.					
NO. OF EMPLOYEES		ANNUAL SALES	DU	DUNS NO.			
DESCRIPTION OF BUSINESS			SIC CODE				
ACCOUNTS PAYABLE CONTACT			PHONE				
PURCHASING AGENT			PHONE				
BANK REFERENCES (Required of all applicants)							
BANK NAME		BRANCH					
STREET			PHONE				
STATE	ZIP	OFFICER					
	TNERS, AND/O	CORPORATION TNERS, AND/OR SOLE PRO TITLE TITLE TITLE NO. OF EMPLOYEES ired of all applicants)	STATE ZIP CITY CORPORATION PARTNERSHIP TNERS, AND/OR SOLE PROPRIETOR TITLE TITLE TITLE NO. OF EMPLOYEES ANNUAL SALES PHONE PHONE BRANCH PHONE	STATE ZIP CITY ST CORPORATION PARTNERSHIP PROPRIE TNERS, AND/OR SOLE PROPRIETOR TITLE TITLE TITLE NO, OF EMPLOYEES ANNUAL SALES PHONE PHONE BRANCH PHONE	STATE ZIP CITY STATE CORPORATION PARTNERSHIP PROPRIETORSHIP TITLE You have a bankruptor A companyou were of held owned declared by the properties of lawsuifs agyour companyour companyou		

PLEASE PROVIDE A COPY OF YOUR STATE SALES TAX EXEMPTION

TRADE REFERENCES (Steel trade preferred) Please include fax numbers for all of the references if you supply a pre-printed list						
1. COMPANY NAME	2. COMPANY NAME	3. COMPANY NAME	4. COMPANY NAME			
PHONE	PHONE	PHONE	PHONE			
FAX	FAX	FAX	FAX			

AGREEMENT

Our standard terms of sale are 1% 10; Net 30 Days. Any other terms must be approved by our chief financial officer and credit manager before we can accept any orders.

If Allegheny Steel Distributors, Inc. (hereinafter "Allegheny") is not paid on time, in accordance with Allegheny's terms, Customer shall pay for all costs and expense incurred by Allegheny in connection with Allegheny's attempts to obtain payment, including fees charged by a collection agency or attorney, and any other charges which can be legally charged to Customer. Customer agrees that for and in consideration of Allegheny's extension of credit, this agreement is to be construed under the laws of the State of Pennsylvania, and that if legal action is brought to enforce this agreement, that Allegheny County, Pennsylvania, shall be the exclusive jurisdiction and legal venue for said action. If Allegheny refers this agreement to an attorney for enforcement, including collection of amounts which are past due, Customer agrees to pay Allegheny actual attorneys' fees and costs incurred thereby, whether or not formal proceedings are brought to remedy Customer's breach of this agreement.

I understand that a credit account will not be opened until all of this information is received. I further understand that until such time as this credit information is checked and approved, my account will be "C.I.A."

I give authorization to check my credit using the information I have supplied.

SIGNATURE	
AUTHORIZED SIGNATURE	TITLE
PRINTED NAME	DATE

Submit this completed credit application:

- by fax to (412) 767-5006; OR
- by email to webinquiry@alleghenysteel.com. You can click "Print" below to print, sign, and scan; if you use an authorized digital signature, you can click "Submit by Email" to email this PDF as an attachment. OR
- by mail to Allegheny Steel Distributors, Inc. Attn: Credit Department
 P.O. Box 837
 900 Route 910
 Indianola, PA 15051