

# LOGAN STEEL INC.

1150 OLD COLONY ROAD MERIDEN, CT. 06451  
www.logansteel.com  
(203)-235-0811 1-800-560-3317  
FAX: (203)-237-5917

## CREDIT APPLICATION

This application is for the purpose of obtaining merchandise on credit. This data is to be held in confidence and used only to support a line of credit. (THE COST OF CREDIT IS INCLUDED IN THE PRICE QUOTED FOR GOODS AND SERVICES.)

Name of Corporation: \_\_\_\_\_ Fed. I.D. No. \_\_\_\_\_

Or

Name of Firm or Individual: \_\_\_\_\_ S.S. No. \_\_\_\_\_

Street Address: \_\_\_\_\_

City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

No. of Years at this Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Individual – Place of Employment: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ S.S. No. \_\_\_\_\_

Type of Business: \_\_\_\_\_

Email Address: \_\_\_\_\_

Check here if you would like to receive email updates regarding discounts and specials on specific products tailored to your business.

### Ownership:

Corporation:  Partnership:  Individual:

### Name of Principals

1. \_\_\_\_\_ Title: \_\_\_\_\_ Home Address: \_\_\_\_\_

2. \_\_\_\_\_ Title: \_\_\_\_\_ Home Address: \_\_\_\_\_

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## TRADE REFERENCES

Name of Creditor:	Address:	Telephone and Fax Number:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

## REQUESTED CREDIT LIMIT:

\$ \_\_\_\_\_.

## BANK REFERENCE

Name of Bank: \_\_\_\_\_  
Address: \_\_\_\_\_  
Bank Office or Department: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone No. \_\_\_\_\_

### PLEASE READ:

The foregoing application has been carefully read by the undersigned and is to the best of my knowledge, in all respects accurate and truthful. Further, in the event credit is extended, the applicant agrees to pay interest at the rate of 1 ½ percent per month which is an annual percentage rate of 18% charged after 30 days on all unpaid balances, together with collection costs and attorneys fees. Finally, the applicant agrees to waive notice and hearing of attachment garnishment proceedings in the event a lawsuit is commenced to collect the debt due in accord with the attached waiver form.

### Individual:

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### Corporation:

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



STATE OF CONNECTICUT  
DEPARTMENT OF REVENUE SERVICES

SALES & USE TAX RESALE CERTIFICATE

I certify that Name of Firm (Buyer) is engaged as a registered

\_\_\_\_\_

Street Address or P.O. Box No.

\_\_\_\_\_

City State Zip

\_\_\_\_\_

- ( ) Wholesaler
- ( ) Retailer
- ( ) Manufacturer
- ( ) Lessor
- ( ) Other (specify)

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product to be resold, leased, or rented in the normal course of our business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

.....			
City or state	State Registration or I.D. No.	City or State	State Registration or I.D. No.
_____		_____	
City or state	State Registration or I.D. No.	City or State	State Registration or I.D. No.
_____		_____	
City or state	State Registration or I.D. No.	City or State	State Registration or I.D. No.
_____		_____	

I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a sales or use tax we will pay the tax due direct to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until cancelled by us in writing or revoked by the city or state.

General description of products to be purchased from the seller:

\_\_\_\_\_

I declare under the penalties of false statement that this certificate has been examined by me and to the best of my knowledge and belief is a true, correct and complete certificate.

Authorized Signature \_\_\_\_\_  
(Owner, Partner or Corporate Officer) Title Date