

Credit Application

5901 N.W 74 Ave., Miami, Fl 33166 Ph # 305-591-9460 ** Fax # 305-592-1037 www.evergladessteel.com

Customer Name:		Date:
Trade Name:		
Street Address:		P.O. Box:
City:	State:	Zip Code:
Telephone Business: ()	Re	sidence: ()
Fax: ()	Tax No.:	
Corporation	_ Partnership _	Proprietorship
<i>PRINCIPALS:</i> NAME	TITLE	HOME ADDRESS
Person to contact for payment:		
BANK INFORMATION: Name:		Account #
Address:		Telephone : ()
CREDIT REFERENCES: NAME	ADDRESS	TELEPHONE No.
Credit Limit Requested \$		Years in Business:
Do you own business property: Value:		Mortgage owed:

IMPORTANT: Please enclose a copy of your latest financial statement.

Conditions of Credit: Terms are Net 30 Days. 1-1/2% per month will be assessed against any past due balance. The customer agrees to pay all costs of collection, or cost of attempting to collect delinquent payments, including reasonable attorney fees, whether collected through suitor otherwise

AUTHORITY TO INVESTIGATE AND DISCLOSE INFORMATION

Everglades Steel Corporation is authorized to conduct an independent investigation if the financial condition of customer, its principals and guarantors. Everglades Steel Corporation is authorized to contact third parties including the persons named in this Credit Application. Everglades Steel Corporation is authorized to release all information to third parties in response to credit inquires.

S.S. #	
	(Clearly print name of person signing)
Date:	Signed
S.S. #	(Clearly print name of person signing)
	(Clearly print name of person signing)
PERSONAL	L GUARANTY
timely payment of all present and future indel	breby absolutely an unconditionally guarantee(s) betedness owed by Customer and its successors to terest on all delinquent accounts at the maximum including reasonable attorney's fees.
Date:	Guarantor
S.S. #	
	(Clearly print name of person signing)
Date:	Guarantor
S.S. #	
	(Clearly print name of person signing)
FOR OFFIC	CE USE ONLY
Date:	Credit Limit:
Approved By:	Approved By:
Comments:	