



UPSTATE REBAR LLC
4605 WALDEN AVE
LANCASTER, NY 14068
PHONE: 716-685-8000
FAX: 716-685-8006

APPLICATION FOR CREDIT
DATE OF APPLICATION _____

BILLING ADDRESS

NAME OF BUSINESS _____
STREET ADDRESS _____
CITY _____ **STATE** _____
ZIP CODE _____ **COUNTY** _____
PHONE _____ **FAX** _____
MOBIL PHONE _____

SHIPPING ADDRESS

NAME OF BUSINESS _____
STREET ADDRESS _____
CITY _____ **STATE** _____
ZIP CODE _____ **COUNTY** _____
PHONE _____ **FAX** _____

TYPE OF BUSINESS

YEARS IN BUSINESS _____

FEDERAL ID NUMBER

INDIVIDUAL () **PARTNERSHIP ()** **CORPORATION ()** **LLC ()**
GOVERNMENT () **SOLE PROPRIETORSHIP ()** **LLP ()**

ACCOUNTS PAYABLE CONTACT _____

P.O. REQUIRED **YES ()** **NO ()**

IF NO P.O. IS REQUIRED, PLEASE SPECIFY AND LIST NAMES OF PERSONS AUTHORIZED

NAMES OF OFFICERS/OWNERS

NAME _____ **TITLE** _____
HOME ADDRESS _____ **CITY** _____
STATE/ZIP _____
SOCIAL SECURITY # _____ **HOME PHONE** _____
% OF OWNERSHIP _____ **MOBIL PHONE** _____

FORMER/PRESENT AFFILIATED COMPANIES _____

HOW RELATED _____

EVER FILE BANKRUPTCY _____ **IF YES, GIVE CITY & STATE** _____

NAME _____ **TITLE** _____

HOME ADDRESS _____ **CITY** _____

STATE/ZIP _____

SOCIAL SECURITY # _____ **HOME PHONE** _____

% OF OWNERSHIP _____ **MOBIL PHONE** _____

FORMER/PRESENT AFFILIATED COMPANIES _____

HOW RELATED _____

EVER FILE BANKRUPTCY? _____ **IF YES, GIVE CITY & STATE** _____



TRADE REFERENCES

FAX NUMBERS MUST BE PROVIDED FOR ALL REFERENCES

NAME _____
ADDRESS _____
PHONE# _____ FAX# _____
CONTACT PERSON _____

NAME _____
ADDRESS _____
PHONE# _____ FAX# _____
CONTACT PERSON _____

NAME _____
ADDRESS _____
PHONE# _____ FAX# _____
CONTACT PERSON _____

BANK REFERENCES

BANK NAME _____ BRANCH _____
ADDRESS _____
PHONE# _____ FAX# _____
CONTACT _____ ACCOUNT# _____

BANK NAME _____ BRANCH _____
ADDRESS _____
PHONE# _____ FAX# _____
CONTACT _____ ACCOUNT# _____

NOTE: It is understood by signing this application, I am acknowledging and accepting that a service charge will be added to past due invoices in the amount of 1.5% (annual rate 18%). Customer agrees to pay all costs of collection, including Attorney Fees. Merchandise may not be returned without prior authorization of Upstate Rebar, Inc. Upstate Rebar reserves the right to add a restocking charge for all returned material. By signing this application, I acknowledge that I have read and understand the terms of sale, and agree to abide by them.

GUARANTEE: Notwithstanding the fact that this application may be executed in a corporate or representative capacity, each of the undersigned, for consideration, do hereby individually and personally guarantee the full and prompt payment of all indebtedness heretofore or herefore incurred by the above business. This guarantee shall not be affected by the amount of credit extended or any change in the form of said indebtedness. Notice of extension of credit, modification in terms of payment, and any right or demand to proceed against the principal debtor is hereby waived. This guarantee may only be revoked by written notice. Any revocation does not revoke the obligation of the guarantors to provide prompt payment for indebtedness incurred prior to the revocation. The undersigned grants you the permission to check their business and individual references and credit rating and obtain and exchange information regarding their credit records.

SIGNATURE _____
DATE _____
PRINTED _____
ADDRESS _____

SIGNATURE _____
DATE _____
PRINTED _____
ADDRESS _____