



TUBULAR PRODUCTS



CONFIDENTIAL CREDIT APPLICATION

D-U-N-S Number _____

Company Name _____

Billing Address _____ City _____ State _____ Zip _____

Shipping Address _____ City _____ State _____ Zip _____

Type of Business _____ Date Established _____

Estimated Monthly Purchases _____ Credit Line Requested _____

A/P CONTACT NAME _____ **A/P EMAIL ADDRESS** _____

Management

Key Management Members and/or Owners

Name and Title:	Email address:	Telephone:
_____	_____	_____
_____	_____	_____

Bank Reference

Name _____ Address _____

City _____ State _____ Zip _____

Phone _____ Officer _____ Account Number _____

Trade References (Three please)

Name	Fax	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

The above information is provided in connection with our request for credit from your company on your payment terms of **1/2 % 10, Net 30**. To the best of our knowledge and belief, this information is accurate and may be relied upon in making your credit decision. We authorize our bank to furnish you any information necessary to complete your evaluation of our credit history. In consideration of an extension of credit, the Buyer agrees to pay all costs including, but not limited to, reasonable attorney fees, court costs and collection agency fees, in the event the Seller commences any action or otherwise seeks to enforce this agreement whether on not a suit is filed.

Authorized Signature _____ Title _____ Date _____

RETURN TO Mary Scholefield - CREDIT DEPT. VIA FACSIMILE 708/563-1950 OR E-MAIL mary.scholefield@nucor.com.