

U S F FABRICATION INC

CORPORATE CREDIT DEPARTMENT
3200 WEST 84 ST, HIALEAH, FL 33018

(800) 258-6873 (305) 556-1661 Fax: (305) 882-1577

IMPORTANT – READ CAREFULLY

To avoid delay, this credit application must be filled out completely and **SIGNED BY THE PRINCIPAL(S)** even if you are attaching separate documents or references.
PLEASE TYPE OR PRINT LEGIBLY – ALL FOUR PAGES.

DATE: _____ U S F FABRICATION SALES REP: _____

COMPANY NAME (As Registered with the State):

BUSINESS NAME (If different from above):

MAILING ADDRESS: _____

City: _____ State: _____ Zip: _____ - _____

PHYSICAL ADDRESS: _____

PHONE NO: (_____) _____ - _____ FAX NO: (_____) _____ - _____

ACCOUNTS PAYABLE CONTACT: _____

TYPE OF BUSINESS: _____

NUMBER OF YEARS IN BUSINESS: _____

TYPE OF ORGANIZATION:

_____ PUBLIC CORPORATION _____ CORPORATION
_____ PARTNERSHIP _____ L L C _____ SOLE PROPRIETORSHIP

SUBSIDIARY or AFFILIATE OF: _____

DATE ORGANIZED: _____ STATE: _____

FEDERAL ID # : _____ CONTRACTORS LICENSE #: _____

PRINCIPALS: (Officers, partners or Owners)	TITLE / POSITION	SOCIAL SECURITY #
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you issue Purchase Orders ? _____ NO _____ YES
Have you placed an order with us ? _____ NO _____ YES Amount: \$ _____
Have you previously had an account with us ? _____ NO _____ YES When: _____

List any other businesses which each of the principals are presently or have previously been involved with over the past 5 years - and the State in which each such business was located:

Have any of the principals of the applicant ever filed for bankruptcy protection, whether voluntary or involuntary ? _____ NO _____ YES

Name(s) of persons / companies involved in bankruptcy:

What year: _____ Date of Discharge: _____ Federal District & State: _____

TERMS: The undersigned hereby authorizes U S F Fabrication Inc and/or affiliated companies, their agents, representatives or other designees, to verify any statements made on this application including, without limitation, credit standing. **THE UNDERSIGNED ALSO AGREES TO PAY IN FULL ALL PURCHASES WITHIN THIRTY (30) DAYS FROM DATE OF INVOICE.** Should it become necessary to effectuate collection, the undersigned hereby by agrees to pay all costs of collection, including but not limited to attorneys' fees, interest at the maximum rate allowed by law, and any costs incurred in collection. The undersigned agrees that any action at law, suit in equity or other proceeding for the enforcement of this contract, or any provision thereof, shall be instituted and maintained in a court of competent jurisdiction in Miami-Dade, Broward or Palm Beach County, Florida.

Signature

Signature

Printed Name

Printed Name

Title

Title

NOTE: Application by a corporation must be signed by an officer. Partnership requires signatures of two partners. LLC requires signature of Managing Member. Sole Proprietorship requires signature of owner.

U S F FABRICATION INC

(800) 258-6873 (305) 556-1661 Fax: (305) 364-8283

AUTHORIZATION FOR BANK CREDIT REFERENCE

DATE: _____
 TO: BANK: _____
 ADDRESS: _____
 PHONE #: (____) _____ - _____ FAX #: (____) _____ - _____
 CONTACT: _____ DIRECT PHONE # _____

FOR: MAIN OPERATING ACCOUNT # : _____
 ACCOUNT NAME: _____
 ACCOUNT ADDRESS: _____
 AUTHORIZED BY: _____
 Signature
 PRINTED NAME & TITLE: _____

FOR BANK USE ONLY

Please provide credit information for the above account. This information is requested for use in the extension of credit for business purposes only and will be held in strict confidence. Thank you for your prompt response.

DATE ACCOUNT OPENED: _____
 AVERAGE MONTHLY BALANCE: _____
 (Circle One) HIGH MEDIUM LOW : _____ FIGURES

N S F CHECKS: _____ NO _____ YES
 SATISFACTORY ACCOUNT: _____ NO _____ YES
 BORROWING: _____ NO _____ YES
 DATE OF LOAN: _____ AMOUNT: \$ _____
 TERM: _____ MONTHLY PMT: \$ _____
 PRESENT BALANCE: \$ _____ COLLATERAL: ___ YES ___ NO
 PAYMENT HISTORY: _____

Please call us at 305-556-1661 should you have any questions regarding this request.

PLEASE FAX YOUR REPLY TO 305-364-8283

Yours very truly,

Rocelie Rodriguez
Corporate Credit Manager

INDUSTRY TRADE REFERENCES:

Please provide references for suppliers that are related to your industry.
You may attach a separate reference sheet if that is more convenient.

COMPANY NAME: _____
PHONE #: (_____) _____ - _____
FAX #: (_____) _____ - _____
CONTACT: _____
ACCOUNT #: _____

COMPANY NAME: _____
PHONE #: (_____) _____ - _____
FAX #: (_____) _____ - _____
CONTACT: _____
ACCOUNT #: _____

COMPANY NAME: _____
PHONE #: (_____) _____ - _____
FAX #: (_____) _____ - _____
CONTACT: _____
ACCOUNT #: _____

COMPANY NAME: _____
PHONE #: (_____) _____ - _____
FAX #: (_____) _____ - _____
CONTACT: _____
ACCOUNT #: _____

***** NON-TAXABLE APPLICANTS *****
PLEASE INCLUDE APPLICABLE,
CURRENT TAX EXEMPT OR
RE-SALE CERTIFICATE