



MARCO SPECIALTY STEEL, INC.
 P.O. BOX 590643
 HOUSTON, TX 77259-0643
 PH: 713-649-5310
 FAX: 713-649-5305

Application for Credit with Marco Specialty Steel, Inc.

LEGAL NAME OF COMPANY:			INC/PART/PROP.		
TRADE NAME/DBA:			FEDERAL TAX IDENTIFICATION #:		
BILLING ADDRESS:			PHONE #:		
SHIPPING ADDRESS:			FAX #:		
OWNER(S) / OFFICER(S):			BUYER:		
A/P CONTACT:		A/P PHONE #:		E-MAIL ADDRESS:	
TAXABLE?:	RESALE #:	DUNS #:	TYPE OF BUSINESS:	YEARS IN BUSINESS:	

BANK REFERENCE:

BANK NAME:	ACCOUNT NUMBER:	TYPE OF ACCOUNT:
BANK ADDRESS:	CONTACT NAME:	PHONE #:

TRADE REFERENCES:

NAME:	ACCOUNT NUMBER:	CONTACT:
ADDRESS:	PHONE #:	FAX #:

NAME:	ACCOUNT NUMBER:	CONTACT:
ADDRESS:	PHONE #:	FAX #:

NAME:	ACCOUNT NUMBER:	CONTACT:
ADDRESS:	PHONE #:	FAX #:

NAME:	ACCOUNT NUMBER:	CONTACT:
ADDRESS:	PHONE #:	FAX #:

I/We understand that Marco Specialty Steel, Inc. terms are Net 30 Days from shipment date and I/we agree to pay all proper payments in accordance with these terms. I/We agree that all past-due amounts shall bear interest at the maximum legal contractual rate of 18% per annum. In the event that collection of the account becomes necessary, costs and attorney fees are incurred, I/We agree to pay all such expenses. Moreover, I/We agree that venue shall be proper in the courts of Harris County, Texas, and that the laws of the State of Texas shall apply, without regards to its conflict of law rules. For the sole purpose of obtaining credit, I/We authorize Marco Specialty Steel, Inc. to contact any and all references listed above and investigate our credit and financial responsibility.

Signed By: _____ Title: _____

Printed Name: _____ Date: _____