

DOVER TUBULAR ALLOYS, INC.

STAINLESS STEEL TUBULAR PRODUCTS

CREDIT APPLICATION FORM

Please submit this form and a copy of your RESALE CERTIFICATE as proof of tax exemption to accounting@dovertubularalloys.com

Company Name: _____

Remit To Address: _____

Ship to Address: _____

Phone: _____ E-mail: _____ Fax: _____

Federal ID Number: _____ Legal Structure (Circle One): Corporation, Partnership
Sole Proprietor, Other: _____

Date Business Started: _____

Principals: _____

Accounts Payable Manager: _____ E-mail: _____

Accounts Payable Contact: _____ E-mail: _____

TRADE REFERENCES

Reference 1: _____ Phone: _____

E-mail: _____

Reference 2: _____ Phone: _____

E-mail: _____

Reference 3: _____ Phone: _____

E-mail: _____

Reference 4: _____ Phone: _____

E-mail: _____

Reference 5: _____ Phone: _____

E-mail: _____

The undersigned agrees that if this application is approved, terms of payments will be 1/2% - 10/Net 30 days and agrees to abide by those terms and conditions. In the event of a lawsuit, against your company for balances due to Dover Tubular Alloys, Inc., I (we) hereby agree to pay attorney fees and court costs.

I certify that all information provided in this application is correct and accurate.

Signature: _____

Date: _____