

PLEASE RETURN SIGNED/COMPLETED FORMS TO: credit@greenpointmetals.com FOR EXPEDITED PROCESSING.

Please fill out application comp	letely, attach a c	opy of yc	ur comp	bany's W-9 &	Sales Tax I	Exempt Form.
Contact Info:	Date of Application :					
Legal name of business (must match W9):						
dba:						
Billing Address:				Street		
				Street		
	City			State		Zip Code
Phone #:			F	ax #:		
Website:						
Location Info:	Head Quarters	or	Branc	h Location		
A/P Contact:						
A/P Email:						
Email address to send invoices:						
Business Type (check one):	Corporation:		LLC:		LP/LLP:	
	Partnership: 🗌	Sole Pro	prietor:			
Federal Tax ID (required):						
Dun and Bradstreet # (required):			T	o lookup your	DUNS#, vis	it www.dnb.com

Officer's Signature

Officer Printed Name

Officer Title

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## PLEASE RETURN SIGNED/COMPLETED FORMS TO: credit@greenpointmetals.com FOR EXPEDITED PROCESSING.

Bank Name:

Account Number:

Phone #:

Fax #:

Account Manager:

## Steel Service Center References: List 3 Steel Suppliers or Major Suppliers.

If your organization has a prepared listing of credit and bank references, feel free to attach that document in PDF format and attach to an email addressed to the credit@greenpointmetals.com in lieu of completing the section below. Applications cannot be processed without credit references.

Company					
		Street Address			
		City / State/Zip Code			
	Phone #:	Fax #:			
	email address:				
)					
Company		Contact			
		Street Address			
		City / State/Zip Code			
	Phone #:	Fax #:			
	email address:				
3)					
Company		Contact			
		Street Address			
	City / State/Zip Code				
	Phone #:	Fax #:			
	email address:				