



Shannon Galvanizing LLC CREDIT APPLICATION FOR A BUSINESS ACCOUNT

P.O. Box 610, Floresville, TX 78114

BUSINESS CONTACT INFORMATION

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

Tax Exempt: Yes No Must include certificate if yes

Sole proprietorship:

Partnership:

Corporation:

Other:

BILLING ADDRESS INFORMATION

Bill To Business Address:

City:

State:

ZIP Code:

Contact Name:

Telephone:

Fax:

Accounts Payable E-mail:

SHIPPING ADDRESS INFORMATION

Ship To Address:

City:

State:

ZIP Code:

Contact Name:

Telephone:

Fax:

Shipping & Receiving E-mail:

BANK INFORMATION

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Contact Name:

Type of account:

Account number:

Savings

Checking

DUNS#

Payment Method

Check

ACH

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

AGREEMENT

1. Except as otherwise stated on an invoice or agreed upon terms, all invoices are to be paid 30 days from the date of the invoice. Past due invoices will be charged interest at a rate of 1.5% per month. We acknowledge that we will be responsible for all reasonable collection fees, including attorney fees.
2. Credit card purchases or payments will include a 3% checkout fee.
3. Claims / disputes arising from invoices must be made within seven working days.
4. By submitting this application, you authorize Shannon Galvanizing LLC to make inquiries into the banking and business/trade references that you have supplied.
5. I have read and agree with the Terms and Conditions of Sale located on the company web site www.Shannongalvanizing.com

SIGNATURES (MUST BE SIGNED BY AN OFFICER OF THE COMPANY)

BY SIGNING BELOW, I AM VERIFYING THAT I HAVE THE AUTHORITY TO BIND THE COMPANY TO THIS AGREEMENT

| | |
|--------------------------|--------------------------|
| Signature: _____ | Signature: _____ |
| Print Name: _____ | Print Name: _____ |
| Title: _____ Date: _____ | Title: _____ Date: _____ |

Send completed form to: ar@shannongalvanizing.com