



6655 59 Street, Edmonton Alberta T6B-3P8 Ph. # 780-490-1167 Fax # 780-490-1157

APPLICATION FOR CREDIT

Date _____
Salesperson _____ Sales # _____ Account # _____
Date of Initial Order _____ Amt. Of Initial Order \$ _____ Credit Line Granted \$ _____
Estimated Monthly Purchases \$ _____ Credit Line Desired \$ _____
Company _____ S.I.C. Code _____
Address _____ D&B # _____
City/Prov/Post _____ Ph # _____
Purchasing Agent _____ Fax # _____
Treasurer/Controller/CFO _____
Accounts Payable _____
Parent Co. Name _____ D&B # _____
City/Prov/Post _____ Ph # _____

BANK REFERENCE

Name _____ City/Prov/Post _____
Officer _____ Account # _____
Ph # _____ Fax # _____

TRADE REFERENCES

SUPPLIER REFERENCES

OTHER MAJOR REFERENCES

(1) _____ (4) _____
Ph # _____ Fax # _____ Ph # _____ Fax # _____
(2) _____ (5) _____
Ph # _____ Fax # _____ Ph # _____ Fax # _____
(3) _____ (6) _____
Ph # _____ Fax # _____ Ph # _____ Fax # _____

Payment Terms: (Application Cannot Be Processed Unless Signed by a Principal, Owner or Authorized Accounts Payable Personnel.)

Upon approval, payment shall be 1/2% 10, Net 30 Days from date of invoice, unless otherwise agreed to in writing by Special Metals Canada. All amounts past due shall be subject to a finance charge of one and a half percent (1-1/2%) per month (18% per annum), or such lesser rate as shall constitute the maximum rate allowable under applicable law. In addition, customer agrees to pay Special Metals Canada, all collection fees, attorney's fees and court costs reasonably incurred in collecting any past due amounts. All checks not honored by your bank will be subject to a \$25.00 returned check fee.

Applicant (please print) _____ Title _____

Signature _____ Date _____