



# CREDIT APPLICATION

Alro Steel Corporation  
 Alro Industrial Supply Company  
 Alro Metals Service Center Corporation  
**3100 E. High Street • Jackson, MI 49203**  
**Phone 800-877-2576 • Fax 517-788-3392**

For Office Use Only	
DATE:	_____
ACCT#	_____
LIMIT:	_____
D & B RATING:	_____
TERRITORY:	_____

Company Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ St. \_\_\_\_\_ Zip: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ St. \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Fax # \_\_\_\_\_

Corporation  Partnership  Proprietorship  **DATE ESTABLISHED:** \_\_\_\_\_

**Principals (Names of officers or owners):**

_____	Date of Birth: _____	Social Security # _____	Position: _____
_____	Date of Birth: _____	Social Security # _____	Position: _____
_____	Date of Birth: _____	Social Security # _____	Position: _____

Purchasing Agent: \_\_\_\_\_ Accounts Payable Contact: \_\_\_\_\_

Parent Company Name (If a Division or Subdivision): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Annual Sales Volume: \_\_\_\_\_ Net Profit/Loss: \_\_\_\_\_

Current Assets: \_\_\_\_\_ Current Liabilities: \_\_\_\_\_ Working Capital: \_\_\_\_\_

Total Assets: \_\_\_\_\_ Total Liabilities: \_\_\_\_\_ Net Worth: \_\_\_\_\_

Trade Reference (Preferably Metal Companies)	Address (Street, City, State, Zip)	Phone	Fax
1.		( )	( )
2.		( )	( )
3.		( )	( )

Bank: \_\_\_\_\_ Account Number(s): \_\_\_\_\_

Address: \_\_\_\_\_

Bank Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Alro Steel Corporation, Alro Industrial Supply Company and Alro Metals Service Center Corporation  
 will also be known as Alro (creditor).**

### TERMS AND CONDITIONS

Buyer agrees that (1) All invoices shall carry terms of **NET THIRTY** (30) days unless otherwise indicated; (2) The selection of venue shall be at the sole discretion of ALRO (creditor); (3) In the event that legal action is required to collect money due for materials sold and delivered, the buyer agrees that the prevailing party shall be entitled to recover all costs, including reasonable attorney fees; (4) Buyer agrees to pay all collection fees and expenses incurred; (5) Buyer agrees to immediately notify seller of any change in ownership or form of said business; (6) Buyer agrees that delinquent invoices are subject to finance charges of 1-1/2% per month (18% APR); (7) The parties signing this Credit Agreement further understand and agree that (s)he shall be personally responsible to ALRO (creditor) for payment of materials sold and delivered whether or not (s)he is signing in a corporate capacity. This provision shall be considered a personal guarantee for payment; (8) This credit application and guarantees are assignable at the creditors' discretion.

SIGNED and DELIVERED this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

X \_\_\_\_\_ (LS) WITNESS: \_\_\_\_\_  
CORPORATELY & INDIVIDUALLY

X \_\_\_\_\_ (LS) WITNESS: \_\_\_\_\_  
CORPORATELY & INDIVIDUALLY

**BLANKET SALES TAX EXEMPTION CERTIFICATE**

**CUSTOMER NUMBER:** \_\_\_\_\_

Issued to: <b>Alro Group</b>	Address: <b>3100 E High Street</b>	City: <b>Jackson</b>	State: <b>Michigan</b>	Zip Code: <b>49204-0927</b>
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NAME OF FIRM OR INDIVIDUAL (LEGAL NAME/NO INITIALS)
STREET ADDRESS OR PO BOX NO. (INCLUDE CITY, STATE, ZIP CODE)

**TYPE OF EXEMPTION CLAIMED:**

- RESALE AT RETAIL
- RESALE AT WHOLESALE
- INDUSTRIAL PROCESSING
- TAX EXEMPT INSTITUTION OR AGENCY
- AGRICULTURAL
- OTHER – PLEASE EXPAIN: \_\_\_\_\_

**PLEASE INDICATE IF ITEM PURCHASED WILL BE:**     CONSUMED OR     RESOLD BY THE PURCHASER

STATE	EXEMPTION OR SALES TAX LICENSE #

This certificate shall be considered a part of each order, which may be given by the company to Alro Steel Corporation, unless otherwise specified on a purchase order. This certificate shall continue in force and effect until removed, in writing, by the company. If such property or any portion thereof which may be purchased pursuant to this certificate is determined to be subject to such tax, it is agreed that such tax will be paid by the company.

AUTHORIZED SIGNATURE (OWNER, PARTNER OR CORPORATE OFFICER)	TITLE	DATE
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**PLEASE RETURN THIS FORM TO: ALRO GROUP 3100 E. HIGH STREET, JACKSON, MI 49204-0927 OR FAX TO (517) 788-3392**

**NOTE: BE SURE TO FAX BOTH FORMS IF FILLING OUT THE "BLANKET SALES TAX EXEMPTION CERTIFICATE"**