



Credit Application

The Techs
C/O Accounting Department
2400 Second Ave.
Pittsburgh, PA 15219-0483
Phone: 1-877-664-4258
Fax: 412-391-0402

Payment Terms 1/2 % 10, Net 30

Customer: Name _____ Phone # _____
Address _____ Fax # _____
_____ Duns # _____
_____ Federal ID #/SS # _____

Please advise if invoice address is different from the above address.

Business type: Corporation _____ Partnership _____ Sole Proprietorship _____ Subsidiary _____
Division _____ Branch _____ Limited Liability Corp _____

Business Start Date: _____ Name of Parent Company _____

Has this company or any of its principals ever declared bankruptcy? (Circle) Yes No If yes, when? _____

Purchasing:

Estimated Total Monthly Purchases of Galvanized Product _____ Requested Credit Line _____

Trade References:

Please email a minimum of three trade references, along with this form, to: credit@thetechs.com
References should include your vendor's name, contact, phone # and fax #. (Fax numbers required for timely processing of applications.)

Financial Statements:

We request that audited financial statements be sent in confidence to Kim Di Cesare, Senior Accountant-Credit (kdicesare@thetechs.com) to establish all open credit accounts.

Sales & Use Tax Exemption Certificates:

Please include a copy of your tax exemption certificate for all possible states of shipment. Material cannot ship without an exemption form on file.

Customer Contact Information:

Purchasing:
Name _____ Title _____ Phone# _____
Accounting:
Name _____ Title _____ Phone# _____
Email _____

How would you like to receive your invoices? Auto-email (2pm daily) or Auto-fax

Email Address or Fax Number: _____

Authorized signature: _____ Date: _____