

COMMERCIAL CREDIT APPLICATION

Please fill out this form completely so that we may serve you better.

Business Name: _____

Date: _____

Phone: _____

Fax: _____

Sale Pending: Yes ☐ No ☐ **Amount of Sale:** _____ **Salesperson:** _____

Mailing Address:

Shipping Address: *Attach additional sheet if more than one.*

Email: _____

Nature of Business: _____

Send brochure if available.

Website: _____

In Business Since: _____

Number of Employees: _____

P.O. Required? Yes ☐ No ☐

Purchasing Agent(s): *If there are multiple persons, please attach another page.*

1. **Name:** _____

Title: _____

Email: _____

Phone: _____ **Fax:** _____

2. **Name:** _____

Title: _____

Email: _____

Phone: _____ **Fax:** _____

Accounts Payable:

Name: _____

Phone: _____ **Fax:** _____

Email: _____

Will you need a monthly statement? Yes ☐ No ☐

Will your purchases be taxable? Yes ☐ No ☐

IF NO, PLEASE ENCLOSE A COMPLETED RESALE OR EXEMPTION CERTIFICATE. NOTE: Resale Certificates MUST HAVE a Tax Permit Number and Exemption Certificates must have a valid reason for exemption in order to be effective. Thank you!

Ownership Individual: _____ Corporation: _____ Partnership: _____ Subsidiary of: _____

List owners or officers including title and percentage of ownership: *Attach additional sheet if necessary.*

Name: _____ **Title:** _____ **%:** _____

Name: _____ **Title:** _____ **%:** _____

Name: _____ **Title:** _____ **%:** _____

Name: _____ **Title:** _____ **%:** _____

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Have any owners filed for bankruptcy in the last seven years? Yes ☐ No ☐

If yes, please explain on a separate sheet of paper.

Amount of Credit Requested: _____

Annual Sales: _____

Trade References: Please list four companies (local when possible) with whom you have established credit.

1. Name: _____

Email: _____

Address: _____

Phone: _____ Fax: _____

2. Name: _____

Email: _____

Address: _____

Phone: _____ Fax: _____

3. Name: _____

Email: _____

Address: _____

Phone: _____ Fax: _____

4. Name: _____

Email: _____

Address: _____

Phone: _____ Fax: _____

Banking Relationships and Loans:

1. Bank Name: _____

Account #: _____

Contact: _____

Phone: _____ Fax: _____

Email: _____

2. Bank Name: _____

Account #: _____

Contact: _____

Phone: _____ Fax: _____

Email: _____

I have applied for an open account with Texas Iron & Metal Co., Inc. in Houston. With my full knowledge and consent, I do hereby authorize my bank and creditors to release information regarding my accounts. Furthermore, if needed, I do hereby authorize Texas Iron & Metal Co. to obtain a consumer report on me. I hereby confirm that my application pertains to the extension of business credit.

Signature: _____

Date: _____

Applicant specifically authorizes the bank(s) and other credit grantors to release information in support of this application. Texas Iron & Metal Co., Inc. intends to enforce its terms of sale with delinquency resulting in suspension of credit privileges. Applicant agrees to submit to arbitration. If third party collection effort is required, applicant agrees to pay customary and reasonable costs and fees, and interest on the debt not to exceed the maximum allowed by law. All actions between the parties (including guarantors) shall exclusively be governed by the laws and statutes of the State of Texas. Jurisdiction and venue for the resolution or disposition of any disputes of litigation shall exclusively be in Harris County, Texas. Applicant agrees to notify Texas Iron & Metal Co. in writing of any significant changes in the information provided.



865 Lockwood Drive
Houston, Texas 77020
713.672.7595 P
800.839.4766 TF
713.672.0653 F
accounting@texasironandmetal.com
texasironandmetal.com

COMMERCIAL CREDIT AGREEMENT

This application cannot be processed unless this form is completed and signed.

I (We) certify that this information is true and correct and I (we) agree that this application may be referred to a credit reporting bureau for verification of the information provided. If credit is extended, I (we) further agree that such extension of credit shall be subject to the following terms and conditions:

1. I (We) shall pay the full amount of the invoice when due, which is defined as 30 days from the invoice date unless otherwise specified.
2. If payment is not received by Texas Iron & Metal Co. by the due date, a finance charge of 1 1/2% per month, or the maximum allowable by law, which is not usurious in nature, as defined by the statutes of the State of Texas, may be charged on the unpaid balance from said date until payment in full is made. I agree not to assert a defense of usury as a result of my agreement to this finance charge of 1 1/2% per month, or a lesser amount per month, which is not usurious.
3. In the event that a delinquent account is placed in the hands of an attorney for collection, or suit is instituted on this account, interest, court costs and attorney fees will be paid by the applicant.

Company Name

Signature of Principle or Authorized Officer

Print Name of Principle or Authorized Officer

Title

Date



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INDIVIDUAL PERSONAL GUARANTY

I, (We) _____, for and in consideration of your extending
Please print name(s) of guarantor(s).
credit at our request, the receipt and sufficiency of said consideration which is hereby acknowledged, do hereby
personally guaranty _____ . I (We) hereby agree to bind
Please print name of company requesting credit.
ourselves to pay you on demand any sum which may become due to you by the above named company whenever
that company shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable
guaranty and indemnity for such indebtedness. This obligation shall cover the renewal of any claims guaranteed by
this instrument or extensions of time of payment thereof. I agree to be obligated by any and all agreements between
Company and and Texas Iron & Metal Co., Inc. and all provisions of same.

Date

Signature

Printed Full Name

Title

Home Address

City:

State:

Zip:

Driver License(s) #

Social Security #



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ELECTRONIC BILLING

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

(Please provide one primary and one back-up contact with fax numbers or email addresses)

Contact: _____

Primary Fax: _____ Primary Email: _____

Contact: _____

Back-up Fax: _____ Back-up Email: _____

Signature

Title

Date