



Credit Application

Required

Company Name: _____ Ship to Address: _____
Bill to Address: _____ Ship to Address: _____
Bill to Address: _____ Ship to City: _____
Bill to City: _____ State: _____ Zip: _____ Country: _____
State: _____ Zip: _____ Country: _____ AP e-mail: _____
Phone: _____ If you prefer invoices to be emailed check this [] box
Fax: _____ Dun & Bradstreet #: _____

ALL resale certificates & tax exemption forms MUST be emailed to ResaleCerts@hpalloys.com

Required

Bank Name: _____ Bank Acct#: _____
Telephone #: _____ Bank Officer: _____

Credit References of metal distributors, heavy industrial companies (attach separate sheet if necessary)

Table with 3 columns: Company, Email (Preferred), Phone#. Rows 1-4.

President: _____ Federal ID #: _____
Controller: _____ Parent Company: _____
General Manager: _____ Parent Company Phone#: _____

(Completed form required for credit terms)

In granting credit to you by High Performance Alloys, Inc., it is hereby agreed that your terms of payment will be 1% 10 days, net 30 days. Payments are to be made on a U.S. bank with U.S. dollars. Returned checks are subject to a \$35 service fee. Overdue accounts will be charged an interest of 1.5% per month. Payments made by credit card after 10 days will have a handling fee of 4%. Failure to pay within a timely manner will result in terms being revoked. If terms are revoked, there is a waiting period of 12 months before the customer can resubmit a credit application. Applicant agrees that venue and jurisdiction for any such court action shall properly be in Tipton County, Indiana; the principal place of business for High Performance Alloys, Inc. . Debtor agrees that collection costs, attorney fees, and court costs will be paid by buyer/debtor.

Required

Applicant acknowledges receipt of and agrees hereafter to accept High Performance Alloys, Inc. terms and conditions of open credit. Applicant's signature indicates they are an authorized representative of debtor's firm. Applicant's signature attests debtor's financial responsibility, ability and willingness to pay HPA invoices in accordance with the above terms.

Name: (Printed) _____ Signature: _____
Position : _____ Date: _____

Failure to sign this form will result in a review of your credit terms and possible revocation of credit terms. Signature is required.

Please return completed credit applications to September Murphy

A/R & Credit Manager
September.Murphy@hpalloys.com

P: 765-945-8230
F: 765-945-8294