

# McKINSEY STEEL & SUPPLY OF FLORIDA

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## CREDIT APPLICATION

(Confidential)

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax# \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Type of Business \_\_\_\_\_ Date Established: \_\_\_\_\_

Business Property is:  Leased  Owned If owned, by whom \_\_\_\_\_

Names and Addresses of Principal Owners and their titles:

Name \_\_\_\_\_ Title \_\_\_\_\_ Address \_\_\_\_\_ Telephone# \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Address \_\_\_\_\_ Telephone# \_\_\_\_\_

Accounts Payable Contact Person \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Has any officer, owner, partner, or top executive of the corporation filed for, or been involved with a personal or corporate bankruptcy in the last 10 years.  yes  No If, yes, please supply names and current status of the bankruptcy on a separate page and a current financial statement for the company.

Financial Information: (Note: Please attach a copy of your current financial statement.)

Will you be paying sales tax: \_\_\_\_\_ (If "no." Certificate of resale must be attached.)

Credit/Trade references (Please list 4 references)

	NAME	ADDRESS	TELEPHONE#	FAX # TO CREDIT DEPT.
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Bank References:

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone# \_\_\_\_\_ Acct# \_\_\_\_\_

How long has this account been active \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone# \_\_\_\_\_ Acct# \_\_\_\_\_

Name of Person at bank with whom you deal: \_\_\_\_\_

Monthly Credit Required: \$ \_\_\_\_\_