



EBERL IRON WORKS, INC.

Serving the Needs of Our Customers Since 1923

- *Metal Fabrication*
- *Unistrut Buffalo*
- *Systems Installation*
- *Traffic Safety Products*

Date: _____

CONFIDENTIAL CREDIT APPLICATION

*The undersigned company is applying for credit with Eberl Iron Works, Inc. and agrees to abide by the standard terms and conditions of this document.
Please print clearly.*

BUSINESS NAME: _____

Bill To Address:	Ship To Address:
_____	_____
_____	_____
_____	_____

Phone #: _____ **Fax #:** _____

Website: _____

Purchasing Contact: _____ **Phone#:** _____ **Email:** _____

A/P Contact: _____ **Phone#:** _____ **Email:** _____

TYPE OF BUSINESS: _____ **Date Established:** _____

Sole Proprietorship Partnership Corporation Other _____

Federal ID#: _____ **Tax Status:** _____

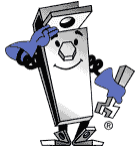
Note: If you are sales tax exempt, please provide exemption certificate with this application.

Purchase Orders Required: _____ Yes _____ No

128 Sycamore Street * Buffalo, NY 14204

Phone (716) 854-7633 * Toll-free (800) 285-3056 * Fax (716) 854-1184

www.eberliron.com * email: sales@eberliron.com



OFFICERS OR PRINCIPALS:

President Name: _____ Phone #: _____

Address/City/State/Zip: _____

Vice-President Name: _____ Phone #: _____

Address/City/State/Zip: _____

Treasurer Name: _____ Phone #: _____

Address/City/State/Zip: _____

Please check the box that best describes your business:

- Mechanical, Electrical, Specialty Contractor Paving, Excavating, Fencing Contractor
- Distributor Municipality Manufacturer Structural & Misc. Metals
- General Contractor Architect/Engineer Maintenance & Repair Uses
- Dock & Door Business

DOCUMENT DELIVERY SELECTION FORM:

If you would like your Invoices and Statements faxed or emailed please complete the following:

Contact Name: _____

Contact Email Address: _____

Contact Fax Number: _____

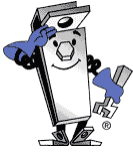
Please select your delivery preferences below. Note that for each document type you can select a combination of either of these options, although most companies wish to utilize only one to eliminate duplicate documents.

DOCUMENT TYPE	FAX <small>(1 fax number per document type)</small>	EMAIL <small>(enter all email addresses desired)</small>
Invoices		
Customer Statement		

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BANK REFERENCES:

1. Bank Name: _____
Address: _____
City/State/Zip: _____
Phone #: _____ Fax #: _____
Checking Acct. #: _____ Savings Acct. #: _____

2. Bank Name: _____
Address: _____
City/State/Zip: _____
Phone #: _____ Fax #: _____
Checking Acct. #: _____ Savings Acct. #: _____

TRADE REFERENCES:

(Please list current suppliers)

1. Company Name: _____
Address: _____
City/State/Zip: _____
Phone #: _____ Fax #: _____
Account #: _____ Email: _____

2. Company Name: _____
Address: _____
City/State/Zip: _____
Phone #: _____ Fax #: _____
Account #: _____ Email: _____

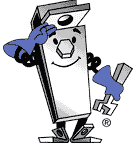
3. Company Name: _____
Address: _____
City/State/Zip: _____
Phone #: _____ Fax #: _____
Account #: _____ Email: _____

4. Company Name: _____
Address: _____
City/State/Zip: _____
Phone #: _____ Fax #: _____
Account #: _____ Email: _____

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TERMS AND CONDITIONS OF SALE

1. Statements are mailed the beginning of the month.
2. Eberl Iron Works, Inc. offers invoice terms of .50% discount if paid within 11 days from date of invoice. These invoices are net 12 days after date of invoice and considered past due after 30 days. Any account over 60 days past due will be placed on credit hold until account is brought current.
3. If it becomes necessary to effect collection, I/we agree to pay all costs of collection including reasonable court costs and attorney fees. Eberl Iron Works, Inc. may at its option, elect venue for all legal purposes in Erie County, NY.
4. A NSF fee of \$50.00 will be assessed for all returned checks.
5. In consideration of your extending credit, the above named applicant agrees to pay any and all purchases made on this account pursuant to the terms and conditions of sale herein set forth.
6. I/we also agree to guarantee payment when due, on all purchases made by any and all agents of our company.
7. Eberl Iron Works, Inc. shall not be bound by any retainage agreement between the buyer and any other party.
8. Eberl Iron Works, Inc. shall not be bound by any term(s) or condition(s) of sales as stated on Buyer's purchase order unless the purchase order or subcontractor agreement is signed by an authorized Eberl Iron Works, Inc. agent.
9. All claims for damages, errors or shortages must be made by the Buyer in writing within a period of two business days after the goods are delivered. The claim must be verified and authorized by Eberl Iron Works, Inc. representative. Failure to make such claim within the stated period shall constitute irrevocable acceptance of the goods and an admission that the Eberl Iron Works, Inc. has fully complied with the terms and conditions and specifications of this agreement.
10. Returns are subject to restocking fees.
11. Any changes in information contained in this application must be made in writing and mailed to Eberl Iron Works, Inc.

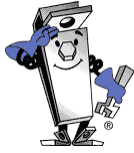
I, _____, Title: _____ (1) make the above representations, which I certify to be correct, for the purpose of securing credit; (2) authorize Eberl Iron Works, Inc. to obtain consumer credit reports on me periodically when necessary and appropriate; (3) authorize our financial institutions and creditors to release credit information; (4) understand that it is the applicant's responsibility to notify the creditor of any changes of name, address, or status.

Signature: _____ Date: _____

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JOB PROJECT INFORMATION SHEET

PLEASE PRINT CLEARLY

TO BE FILLED OUT FOR ANY ORDER OVER \$3,000.

JOB INFORMATION (ABSOLUTELY REQUIRED):

CUSTOMER'S P.O. / JOB #'S: _____

JOB NAME: _____

JOB ADDRESS: _____ ZIP CODE: _____

CITY: _____ STATE: _____ COUNTY: _____

JOB TYPE: PRIVATE: PUBLIC: FED: TAX CODE:

IND/COMMER: OR RESIDENTIAL: BASE: OR TENANT:

OWNER: _____

NAME OF: OWNER (Private), LEASEE (Tenant), AUTHORITY (Public/Fed)

ADDRESS: _____

_____ ZIP CODE: _____

PHONE #: _____ FAX #: _____

GENERAL: _____

NAME OF: CONTRACTOR OUR CUSTOMER IS DIRECTLY WORKING UNDER

ADDRESS: _____

_____ ZIP CODE: _____

PHONE #: _____ FAX#: _____

**FAX COMPLETED APPLICATION TO (716) 854-1184 OR
MAIL TO ADDRESS BELOW.**

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