

SPARTA STEEL & EQUIPMENT CORP.  
CREDIT APPLICATION FOR A BUSINESS ACCOUNT

COMPANY NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

DELIVERY ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ACCOUNT PAYABLE CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE BUSINESS COMMENCED: \_\_\_\_\_ SOLE PROPRIETORSHIP \_\_\_\_\_

PARTNERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_ OTHER \_\_\_\_\_

NUMBER OF YEARS IN BUSINESS \_\_\_\_\_ FEDERAL TAX ID# \_\_\_\_\_

OWNERSHIP: OWNER \_\_\_\_\_ TITLE \_\_\_\_\_

OWNER \_\_\_\_\_ TITLE \_\_\_\_\_

OWNER \_\_\_\_\_ TITLE \_\_\_\_\_

TRADE REFERENCE: \*\*\*\* PLEASE PROVIDE FAX NUMBERS \*\*\*\*

COMPANY NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

\*\*\*\*\* PLEASE PROVIDE FAX NUMBERS \*\*\*\*\*

PLEASE CHECK ONLY ONE OF THE FOLLOWING:

\_\_\_\_\_ MAIL INVOICES TO THE BILLING ADDRESS LIST ON APPLICATION.

\_\_\_\_\_ E-MAIL INVOICES TO THE FOLLOWING E-MAIL ADDRESS:

\_\_\_\_\_

SIGNATURES:

ALL STATEMENTS MADE HEREIN ARE TRUE AND ACCURATE TO THE BEST OF OUR KNOWLEDGE. WE AUTHORIZE SPARTA STEEL TO MAKE ANY AND ALL INQUIRIES NECESSARY FOR ACTION ON THIS CREDIT APPLICATION.

AUTHORIZED SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE FAX CREDIT APPLICATION: 330-866-2540 OR EMAIL TO: *SUSAN@SPARTASTEEL.COM*

PLEASE MARK SUBJECT AS CREDIT APPLICATION

OFFICE USE ONLY:

\_\_\_\_\_ CREDIT APPROVED: AMOUNT: \_\_\_\_\_ BY: \_\_\_\_\_



# BLANKET CERTIFICATE OF EXEMPTION

The undersigned hereby claims exemption to purchases of tangible personal property from

SPARTA STEEL & EQUIPMENT CORP.

NAME OF VENDOR

on and after \_\_\_\_\_

(DATE)

and certifies that this claim is based upon the purchaser's proposed use of the items purchased, the activity of the purchaser, or both, as shown hereon:

(Purchaser must state statutory reason for claiming exemption or exception)

This certificate shall continue in force until revoked and shall be considered a part of each order given to the above named vendor unless the order specifies otherwise.

\_\_\_\_\_  
(PURCHASER'S NAME)

\_\_\_\_\_  
(PURCHASER'S ACTIVITY, I.E. MANUFACTURER,  
PUBLIC UTILITY, CHURCH, ETC.)

\_\_\_\_\_  
(PURCHASER'S ADDRESS)

\_\_\_\_\_  
(BY - SIGNATURE AND TITLE)

\_\_\_\_\_  
(DATE SIGNED)

\_\_\_\_\_  
(VENDOR'S LICENSE, IF ANY)

NOTE: On the reverse side hereof are the suggested wordings for valid exemptions. They may be copied verbatim on the front of this certificate in their entirety.

