



ALL AREAS ARE REQUIRED TO BE COMPLETED- PLEASE FILL IN "N/A" FOR AREAS THAT DO NOT APPLY

This Application for Credit and Credit Agreement ("Application") is executed and delivered to Triple-S Steel Supply, LLC d/b/a Triple-S Steel Supply Co., Intsel Steel Distributors, LLC and Intsel Steel West, LLC d/b/a R&S Steel and d/b/a Steelco, Alta-Steelco, their successors, assigns, affiliates, subsidiaries, new acquisitions, regardless of which name they operate under (collectively, "Seller") for the purpose of inducing Seller to extend credit to the applicant ("Applicant") named below. It is requested that credit be extended to:

DATE _____ Federal ID# _____
EIN # _____

Company Name _____

Address _____

City _____ County _____ State _____ Zip _____

Telephone # (____) _____ - _____ Fax # (____) _____ - _____

P.O. Box _____ City _____ State _____ Zip _____

We are in the business of _____

As a _____ Corporation _____ Partnership _____ Proprietorship

*****Under present ownership since: _____*****

Principals/Officers

Name _____ Title _____

Name _____ Title _____

*****Approximate Monthly Credit Requirements \$ _____*****

Do you require Purchase Orders? _____ Yes _____ No

Please describe any other special requisition requirements: _____

Bank References

By listing their names, you authorize us to contact them for the purpose of obtaining your credit status.

Principal Business Bank _____ Telephone # (____) _____ - _____

Address _____ Fax # (____) _____ - _____

City _____ State _____ Zip _____

Officer: _____ Type of Acct. _____ Account No. _____

Other Business Bank _____ Telephone # (____) _____ - _____

Address _____ Fax # (____) _____ - _____

City _____ State _____ Zip _____



Credit References PLEASE LIST ACTIVE, CHARGE ACCOUNTS ONLY- NO COD OR CASH ACCOUNTS
By listing their names, you authorize us to contact them for the purpose of obtaining your credit status.

Name _____

Address _____ City _____ State _____ Zip _____

Telephone # (_____) _____ - _____ Fax # (_____) _____ - _____

Name _____

Address _____ City _____ State _____ Zip _____

Telephone # (_____) _____ - _____ Fax # (_____) _____ - _____

Name _____

Address _____ City _____ State _____ Zip _____

Telephone # (_____) _____ - _____ Fax # (_____) _____ - _____

Name _____

Address _____ City _____ State _____ Zip _____

Telephone # (_____) _____ - _____ Fax # (_____) _____ - _____

Sales Tax Status: Taxable on all sales Taxable by job Exempt-If tax exempt you must provide appropriate certificate. If taxable: State % _____ City % _____ County/Parish % _____ MTA % _____ Other % _____

CREDIT AGREEMENT

1. All invoices are to be paid by the date specified on the invoice, based on 30 day terms, to:
P. O. Box 21119, Houston, TX 77226-1119
2. Applicant grants to Seller a security interest in the Products it purchases from Seller and in any goods made or fabricated therefrom and the proceeds thereof.
3. Triple-S Steel Supply, LLC shall be Seller's collection agent and any suit on this account may be brought in the name of Triple-S Steel Supply, LLC for the benefit of Seller.

SIGNATURE: _____

Printed Name: _____

Title: _____

GUARANTEE

In consideration of Seller extending credit to Applicant, each of the undersigned, jointly and severally, unconditionally guarantees and promises to pay Seller, on demand any and all indebtedness of Applicant to Seller. This is a continuing guarantee of payment. Texas law applies to this guaranty. This guarantee may not be revoked unless in writing and approved in writing by Seller.

Signature: _____ Printed Name: _____ Social Security: _____



PRIVACY RELEASE

I / We have made application to Seller to be established as a customer for the product lines they distribute and requested service on an open account basis.

In this regard, I / We authorize Seller to investigate the references submitted pertaining to my/our credit and financial responsibility.

Company: _____

Address: _____

City/State/Zip: _____

Authorized Signature: _____

Print Name/Title: _____

Date: _____

Please return this form with your credit application.



Texas Sales Tax Resale Certificate

Name of Purchaser, Firm, or Agency

Phone (Area Code & #)

Address (Street & Number, P.O. Box or Route Number)

City, County, State, Zip Code

Texas Limited Sales Tax Permit Number (or Out-of-state retailer's registration number or date applied for Texas Permit)

I, the purchaser above, claim the right to make a non-taxable purchase for resale of the taxable items described below or on the attached order or invoice from:

Triple S Steel Supply LLC, Intsel Steel Distributors LLC, Intsel Steel West LLC
P.O. Box 21119
Houston, TX 77226-1119

Description of the items to be purchased, or on the attached order or invoice:

Description of the type of business activity generally engaged in or type of items normally sold by the purchaser:

The taxable items described above, or on the attached order or invoice, will be resold, rented or leased by me within the geographical limits of the United States of America, its territories and possessions, in its present form or attached to other personal property to be sold.

I understand that if I make any use of the item other than retention, demonstration or display while holding it for sale, lease or rental, I must pay sales tax on the item at the time of use based upon either the purchase price or the fair market rental value for the period of the time used.

I understand that it is a misdemeanor to give a resale certificate to the seller for taxable items which I know, at the time of purchase, are purchased for use rather than for the purpose of resale, lease, or rental, and that upon conviction I may be fined not more than \$500 per offense.

Purchaser Signature

Title

Date

This certificate should be furnished to the supplier. Do not send the completed certificate to the Comptroller of Public Accounts.



*****CREDIT AGREEMENT AND PRIVACY RELEASE ARE REQUIRED!!!*****

****Your company's information sheet is accepted as a supplement to the application****

*****ALL AREAS ARE REQUIRED-PLEASE USE "N/A FOR AREAS THAT DO NOT APPLY*****

Thank you for your interest in Triple-S Steel Supply LLC., Intsel Steel Distributors LLC, and Intsel Steel West LLC products & services. Per your request please find attached our credit application & sales tax exemption certificate.

Please complete and return to our Credit Department via fax at (713) 697-7335 or email to rosa.salazar@sss-steel.com. Please note that in order to process your application we required that an **officer or owner** of your company sign our application agreeing to our credit agreement and privacy release. If you have any questions, please contact our Credit Department at (713) 697-7105.

Again, thank you for your interest in Triple-S Steel Supply LLC., Intsel Steel Distributors LLC, and Intsel Steel West LLC. We look forward to doing business with you.

Sincerely,

Rosa Salazar
Credit Department
Triple-S Steel Supply
rosa.salazar@sss-steel.com
713-696-4038 direct
713-697-7335 fax
713-697-7105 main