BROWN-CAMPBELL COMPANY

Credit Application

Company Name _____

Owner/President _____

Remit to Address _____

City _____ State _____ Zip _____

Ship to Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Name of Controller or CFO _____ Name of AP Contact _____

Accounts Payable Phone # _____ Fax # _____

E-mail for invoice delivery: _____

Taxable: *Yes* or *No* If no, please *send copy* of certificate ***immediately*** with references.

BANK REFERENCE

Name _____ Acct# _____

Location _____ Phone # _____

Contact Name _____

TRADE REFERENCES (Preferably metal service companies) High credit based upon purchases over 90 day period.

Company _____ Phone # _____

City/State _____ Fax # _____

Company _____ Phone # _____

City/State _____ Fax # _____

Company _____ Phone # _____

City/State _____ Fax # _____

Below Section to be filled out by Brown-Campbell Company

Credit Approved _____ / _____ / _____ Selling Branch:

Account # _____ Order # _____ Amount $ _____

Cincinnati • Cleveland • Dallas • Detroit • Memphis • Minneapolis • Portland • South Carolina • Wisconsin