

# NUCOR®

## TUBULAR PRODUCTS

**CONFIDENTIAL  
CREDIT APPLICATION**

D-U-N-S Number \_\_\_\_\_

Company Name \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Shipping Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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

Estimated Monthly Purchases \_\_\_\_\_ Credit Line Requested \_\_\_\_\_

**A/P CONTACT NAME** \_\_\_\_\_ **A/P EMAIL ADDRESS** \_\_\_\_\_

<b>Internal use only:</b>	<b>DSM</b>	<b>ISR</b>	<b>ACCT #</b>
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<b>Management</b>
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**Key Management Members and/or Owners**

Name and Title:	Email address:	Telephone:
_____	_____	_____
_____	_____	_____

<b>Bank Reference</b>
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Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Officer \_\_\_\_\_ Account Number \_\_\_\_\_

<b>Trade References (Three please)</b>
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Company Name	Fax or Email	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

The above information is provided in connection with our request for credit from your company on your payment terms of **1/2 % 10, Net 30**. To the best of our knowledge and belief, this information is accurate and may be relied upon in making your credit decision. We authorize our bank to furnish you any information necessary to complete your evaluation of our credit history. In consideration of an extension of credit, the Buyer agrees to pay all costs including, but not limited to, reasonable attorney fees, court costs and collection agency fees, in the event the Seller commences any action or otherwise seeks to enforce this agreement whether or not a suit is filed.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**RETURN TO JACKIE MAI - CREDIT DEPT. Via E-mail CreditNTP@nucor.com OR Fax 708-563-1950**