



HARBOR STEEL & SUPPLY CORPORATION

DISTRIBUTING FERROUS AND NON-FERROUS METAL TO INDUSTRY SINCE 1952

206 US-52, PRICHARD, WV 25555

PHONE (304)-429-0040 • FAX (304)-429-0045

APPLICATION FOR CREDIT

From

Harbor Steel and Supply Corporation – West Virginia

The following information is for the purpose of obtaining credit and is warranted to be true. I/we authorize Harbor Steel & Supply Corporation to investigate the references listed below pertaining to this credit application.

Date: Company name:

D.B.A.:

Street Address:

City: State: Zip code: DUNS#:

Phone: Fax: Email:

Invoices: Emailed Mailed Billing Address if different:

Federal I.D. #: Subject to sales tax: Yes No

Type of sales tax exemption: Industrial Processing Resale Other (describe):

State: KY MI WV State Permit #:

Business organization: Corporation Partnership Proprietorship LLC

Number of years in business: Number of years in present management:

Amount of credit requested: \$ Person to contact concerning payments:

Phone: _____ Email: _____

Trade References

| | Name | Address/City/State | Contact Name | Email |
|----|----------------------|----------------------|----------------------|----------------------|
| 1. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Credit terms: 1/2% discount-10 days, net 30 days from invoice date. The customer agrees to assume liability for any State Sales Taxes if assessed against Harbor Steel; agrees to pay all collection costs to collect past due accounts, including but not limited to legal fees and court costs, and agrees to pay finance charges on past due invoices at the rate of 18% per annum or the legal rate of interest in the state of business, whichever is lower.

*Signed: _____ *Date:

*Printed name and title:

When completed, please submit to Teresa Stevens at tstevens@harborsteel.com or via fax at 231-246-1690.

PERSONAL GUARANTEE

In consideration of credit which has been, or will be extended to the named company, the undersigned does unconditionally, personally, and individually guarantee to Harbor Steel & Supply Corporation the payment of any and all indebtedness that may be due now or which may become hereafter, due, such amount to include attorney fees incurred in the enforcement and collection of said indebtedness as a result of this agreement. This guarantee shall be for the amount owing but not to exceed \$500,000.00 and this guarantee shall run until December 31, 2050.

Company name:

*Signed: _____ *Date:

*Printed name: *Home phone:

*Home address:

*City: *State: *Zip:

*Driver's license number: *Date of Birth:

* Designates a required field

HARBOR STEEL CUSTOMER PROFILE

CUSTOMER: _____ DATE: _____

SHIP TO ADDRESS: _____ PHONE: _____
_____ FAX: _____

Pack Type:

- SKID
- BUNDLES
- BOXED
- WRAPPED
- SHRINK WRAPPED

Unload Type:

- FORKLIFT SIDE
- FORKLIFT REAR
- OVERHEAD CRANE
- SHEET LIFTER
- HAND UNLOAD

Max Skid Weight _____

Max BundleWgt. _____

Weight Capacity _____

Receiving Hours _____

Receiving Days _____

Receiving Lunch Hours _____

Receiving Manager _____

Contact _____

Phone Number _____

Delivery Call: Yes No

Tolerances on Processing:
Standard Warehouse tolerance +1/8" -0.0" If different, please specify _____

Special Instruction: Please Specify

Customer Instructions _____

Warehouse Instructions _____

**Do not send this form to the Streamlined Sales Tax Governing Board.
Send the completed form to the seller and keep a copy for your records.**

This is a multi-state form. Not all states allow all exemptions listed on this form. Purchasers are responsible for knowing if they qualify to claim exemption from tax in the state that would otherwise be due tax on this sale. The seller may be required to provide this exemption certificate (or the data elements required on the form) to a state that would otherwise be due tax on this sale.

The purchaser will be held liable for any tax and interest, and possible civil and criminal penalties imposed by the member state, if the purchaser is not eligible to claim this exemption. A seller may not accept a certificate of exemption for an entity-based exemption on a sale made at a location operated by the seller within the designated state if the state does not allow such an entity-based exemption.

1. Check if you are attaching the Multistate Supplemental form.

If not, enter the two-letter abbreviation for the state under whose laws you are claiming exemption.

2. Check if this certificate is for a **Single Purchase Certificate.** Enter the related invoice/purchase order # _____.

3. A. Name of purchaser

B. Business address _____ City _____ State _____ Zip code _____

C. Purchaser's tax ID number _____ State of Issue _____ Country of Issue _____

D. If no tax ID number, enter one of the following: FEIN _____

E. Driver's License Number/State Issued ID number _____ State of Issue _____

F. Foreign diplomat number _____

G. Name of seller from whom you are purchasing, leasing or renting _____

H. Seller's address _____ City _____ State _____ Zip code _____

Print or type

4. Purchaser's Type of business. Circle the number that best describes your business.

Circle type of business

- | | |
|---|---------------------------------------|
| 01 Accommodation and food services | 11 Transportation and warehousing |
| 02 Agriculture, forestry, fishing, hunting | 12 Utilities |
| 03 Construction | 13 Wholesale trade |
| 04 Finance and insurance | 14 Business services |
| 05 Information, publishing and communications | 15 Professional services |
| 06 Manufacturing | 16 Education and health-care services |
| 07 Mining | 17 Nonprofit organization |
| 08 Real estate | 18 Government |
| 09 Rental and leasing | 19 Not a business |
| 10 Retail trade | 20 Other (<i>explain</i>) _____ |

5. Reason for exemption. Circle the letter that identifies the reason for the exemption.

Circle or check reason for exemption

- | | |
|---|---|
| A Federal government (<i>Department</i>) _____ | H Agricultural Production # _____ |
| B State or local government (<i>Name</i>) _____ | I Industrial production/manufacturing # _____ |
| C Tribal government (<i>Name</i>) _____ | J Direct pay permit # _____ |
| D Foreign diplomat # _____ | K Direct Mail # _____ |
| E Charitable organization # _____ | L Other (<i>Explain</i>) _____ |
| F Religious organization # _____ | M Educational Organization # _____ |
| G Resale # _____ | |

6. I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.

Sign here

Signature of authorized purchaser _____ Print name here _____ Title _____ Date _____

Name of Purchaser _____

| State | Reason for exemption | Identification number (if required) |
|-------|----------------------|-------------------------------------|
| AR | _____ | _____ |
| GA | _____ | _____ |
| IA | _____ | _____ |
| IN | _____ | _____ |
| KS | _____ | _____ |
| KY | _____ | _____ |
| MI | _____ | _____ |
| MN | _____ | _____ |
| NC | _____ | _____ |
| ND | _____ | _____ |
| NE | _____ | _____ |
| NJ | _____ | _____ |
| NV | _____ | _____ |
| OH | _____ | _____ |
| RI | _____ | _____ |
| OK | _____ | _____ |
| SD | _____ | _____ |
| TN | _____ | _____ |
| UT | _____ | _____ |
| VT | _____ | _____ |
| WA | _____ | _____ |
| WI | _____ | _____ |
| WV | _____ | _____ |
| WY | _____ | _____ |

SSUTA Direct Mail provisions are not in effect for Tennessee.

The following nonmember states will accept this certificate for exemption claims that are valid in their respective state. SSUTA Direct Mail provisions do not apply in these states.

| State | Reason for exemption | Identification number (if required) |
|-------|----------------------|-------------------------------------|
| XX | _____ | _____ |
| XX | _____ | _____ |
| XX | _____ | _____ |
| XX | _____ | _____ |
| XX | _____ | _____ |