



This form is capable of being edited with Adobe Acrobat Reader. Please fill in all applicable blue fields, save the file, and email to [credit@triadmetals.com](mailto:credit@triadmetals.com)

In the event that you are unable to email the file, please fax to **267-913-3599**

## Company Info:

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

\_\_\_\_\_  
*Main Phone Number*

\_\_\_\_\_  
*Billing Address*

\_\_\_\_\_  
*Main Fax Number*

\_\_\_\_\_  
*Purchasing Contact Email*

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

\_\_\_\_\_  
*Internet Web Address*

### Send Invoices: How should we send invoices? *(select all that apply)*

By mail *(to the billing address listed above)*

By email *email address:* \_\_\_\_\_

By fax *fax number:* \_\_\_\_\_

### Mill Test Reports: If required, how should we send Mill Test Reports? *(select all that apply)*

By mail *(to the billing address listed above)*

By email *email address:* \_\_\_\_\_

By fax *fax number:* \_\_\_\_\_

If certs are required to be sent with the truck, please note that on the ship to information.

## Purchasing:

\_\_\_\_\_  
*Main Contact*

\_\_\_\_\_  
*Assistant*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Title*

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

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

\_\_\_\_\_  
*Email*

\_\_\_\_\_  
*Email*

## Accounts Payable:

\_\_\_\_\_  
*Main Contact*

\_\_\_\_\_  
*Assistant*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Phone/Ext Fax*

\_\_\_\_\_  
*Phone/Ext Fax*

\_\_\_\_\_  
*Email*

\_\_\_\_\_  
*Email*

\_\_\_\_\_  
*Corporate Headquarters*  
*1 Village Road Horsham, PA 19044-3812*



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## Primary Ship To:

Location Name

Receiving Phone Number

Receiving Department Contact

Receiving Fax Number

Address

Receiving Email

City

State

Zip

**Tarping:** (select one) NOTE: additional charges from carrier may apply

Do not get wet

Winter Only (no road salt)

Never

Always

**Horizontal Blocking?** Yes No

**Additional Blocking?** NOTE: additional charges may apply \_\_\_\_\_

**Send certs with truck?** Yes No

**Offloading Abilities: (select one per line)**

Overhead Crane  
Forklift

max. lift \_\_\_\_\_ lbs  
max. lift \_\_\_\_\_ lbs

**Offloads Material?** indoors outdoors

**Receiving Days/Hours?** \_\_\_\_\_

**Appointments necessary?** Yes No

**Schedule Appointment with?**

Purchasing Agent

Receiving Department

Other

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone/Ext

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email

**Special Shipping Instructions:** \_\_\_\_\_

## Clearance: (Canadian Customers Only)

Brokerage Name

Phone/Ext

Fax

Contact

Email

Corporate Headquarters  
1 Village Road Horsham, PA 19044-3812



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## CREDIT APPLICATION

**Company Name:** \_\_\_\_\_

### Bank Information:

**Bank** \_\_\_\_\_

*Address* \_\_\_\_\_

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

*Phone/Ext.* \_\_\_\_\_

*Fax* \_\_\_\_\_

*Account Number* \_\_\_\_\_

**Authorized Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### Credit References:

**Steel Service Center** \_\_\_\_\_

*Address* \_\_\_\_\_

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

*Phone/Ext.* \_\_\_\_\_

*Fax* \_\_\_\_\_

**Steel Service Center** \_\_\_\_\_

*Address* \_\_\_\_\_

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

*Phone/Ext.* \_\_\_\_\_

*Fax* \_\_\_\_\_

**Steel Service Center** \_\_\_\_\_

*Address* \_\_\_\_\_

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

*Phone/Ext.* \_\_\_\_\_

*Fax* \_\_\_\_\_

**General Contractor** \_\_\_\_\_

*Address* \_\_\_\_\_

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

*Phone/Ext.* \_\_\_\_\_

*Fax* \_\_\_\_\_

*Owner* \_\_\_\_\_

**Payment Bond:** *(select one)*      *Yes*      *No*

**Applicant agrees to the credit and payment terms of Triad Metals International.**

**Authorized Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_  
*Corporate Headquarters*  
*1 Village Road Horsham, PA 19044-3812*