



MARUICHI OREGON STEEL TUBE, LLC

8735 N. HARBORGATE ST.
PORTLAND, OR 97203
TEL: (503) 737-1200 FAX: (503) 737-1201

CREDIT APPLICATION

DATE: _____ REQUESTED BY: _____

FIRM NAME _____ DBA IF ANY: _____

ADDRESS (Ship To): _____ CITY: _____ STATE _____ ZIP: _____

ADDRESS (Bill To): _____ CITY: _____ STATE _____ ZIP: _____
(if different from Ship To)

PHONE: () _____ YEAR ESTABLISHED: _____

NATURE OF FIRM: CORPORATION _____ PARTNERSHIP _____ SOLE PROPRIETOR _____

IF CORPORATION, NAME OF OFFICERS: _____ / _____
President Secretary/Treasurer

TRADE REFERENCES:	NAME	ADDRESS	PHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

BANK REFERENCE:

NAME OF BANK: _____ BRANCH NAME: _____

ADDRESS: _____ PHONE: () _____

ACCOUNT NUMBER: _____ CONTACT: _____

ATTACHED IS APPLICANT'S FINANCIAL STATEMENT AS OF: _____

TERMS & CONDITIONS:

It is agreed by the undersigned that: 1) All goods and merchandise sold on open account will be due and payable within thirty (30) days from date of invoice or other agreed terms; (2) Any sum not paid within thirty 30 (days) or other agreed terms are subject to overdue interest charge of 18% annum; and (3) Applicant shall pay such costs, expenses and reasonable attorney's fees that MOST may incur in any manner of collection of any sums past due as Open Account credit extended.

The undersigned certifies that this Open Account Application is made on behalf of the applicant shown above for the purpose of securing Open Account terms of credit from MOST solely on the basis of this Open Account application and the financial data which is submitted herewith, and the undersigned further certifies that the contents hereof and the financial data which is submitted herewith accurately represent the financial condition, without material change, of the application to this date.

Signature of Corporate Officer, Partner or Individual

For MOST Internal Use Only.

	Originator	Sales Mgr	VP Sales	Sales Mgr	→	Comp Admin	Keep this at Sales Mgr.
Initial							
Date							

Credit Limit	\$	Cust-Code	
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By VP Sales



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REQUEST FOR CREDIT INFORMATION

DUE TO THE TIGHTENING OF REGULATIONS IN THE DIVULGING OF CREDIT INFORMATION, BANKS ARE NOW REQUIRING WRITTEN AUTHORIZATION FROM THEIR DEPOSITOR FOR RELEASE OF ANY INFORMATION IN REGARDS TO THEIR ACCOUNT. PLEASE SIGN THIS WRITTEN AUTHORIZATION FOR YOUR BANK AND RETURN TO US. **PLEASE INFORM YOUR BANK OFFICER WE WILL BE CONTACTING THEM VIA FAX FOR INFORMATION.**

I GIVE PERMISSION FOR THE RELEASE OF INFORMATION ABOUT MY ACCOUNT.

SIGNATURE: _____ DATE: _____

NAME OF BANK: _____ ACCOUNT NO: _____

ADDRESS: _____ FAX NO: _____

BANK USE ONLY

CHECKING ACCOUNT: DATE OPENED: _____ AVERAGE BAL: _____

RETURNED ITEMS: YES: _____ NO: _____

LOANS: DATE OPENED: _____ HIGH CREDIT: _____ BAL: _____

SECURED BY: _____ PAYMENT HISTORY: _____

COMMENTS : _____

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ TITLE: _____