

Date: \_\_\_\_\_

## CONFIDENTIAL CREDIT APPLICATION

*The undersigned company is applying for credit with Eberl Iron Works, Inc. and agrees to abide by the standard terms and conditions of this document.  
Please print clearly and fill out completely.*

**BUSINESS NAME:** \_\_\_\_\_

**Bill To Address:**

**Ship To Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Purchasing Contact:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**A/P Contact:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**TYPE OF BUSINESS:**

**Date Established:** \_\_\_\_\_

Sole Proprietorship  Partnership  Corporation  Other  \_\_\_\_\_

**Federal ID#:** \_\_\_\_\_

**Tax Status:** \_\_\_\_\_

*Note: If you are sales tax exempt, please provide exemption certificate with this application.*

**Purchase Orders Required:** \_\_\_\_ Yes \_\_\_\_ No

## FAX OR EMAIL COMPLETED APPLICATION TO:

**Fax #: 716.854.1184**

**Email: denise.wilson@eberliron.com**

**Note: Only completed and signed Eberl Iron Works applications will be accepted.**

**Thank you.**

*Serving the Needs of Our Customers Since 1923*

**OFFICERS OR PRINCIPALS:**

President Name: \_\_\_\_\_ Social Security#: \_\_\_\_\_  
Address/City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Vice-President Name: \_\_\_\_\_ Social Security#: \_\_\_\_\_  
Address/City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Treasurer Name: \_\_\_\_\_ Social Security#: \_\_\_\_\_  
Address/City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Please check the box that best describes your business:**

- Mechanical, Electrical, Specialty Contractor
- Paving, Excavating, Fencing Contractor
- Distributor
- Municipality
- Manufacturer
- Structural & Misc. Metals
- General Contractor
- Architect/Engineer
- Maintenance & Repair Uses
- Dock & Door Business

**DOCUMENT DELIVERY SELECTION FORM:**

If you would like your Invoices and Statements faxed or emailed please complete the following:

Contact Name: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Contact Fax Number: \_\_\_\_\_

To receive our quarterly e-newsletter - Email: \_\_\_\_\_



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### BANK REFERENCES:

- 1. Bank Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Checking Acct. #: \_\_\_\_\_ Savings Acct. #: \_\_\_\_\_
- 2. Bank Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Checking Acct. #: \_\_\_\_\_ Savings Acct. #: \_\_\_\_\_

### TRADE REFERENCES:

(Please list 5 current suppliers)

- 1. Company Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Account #: \_\_\_\_\_ Email: \_\_\_\_\_
- 2. Company Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Account #: \_\_\_\_\_ Email: \_\_\_\_\_
- 3. Company Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Account #: \_\_\_\_\_ Email: \_\_\_\_\_
- 4. Company Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Account #: \_\_\_\_\_ Email: \_\_\_\_\_
- 5. Company Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Account #: \_\_\_\_\_ Email: \_\_\_\_\_

## TERMS AND CONDITIONS OF SALE

1. Statements are mailed the beginning of the month.
2. Eberl Iron Works, Inc. offers invoice terms of .50% discount if paid within 11 days from date of invoice. These invoices are net 12 days after date of invoice and considered past due after 30 days. Any account over 60 days past due will be placed on credit hold until account is brought current.
3. I/we also agree to guarantee payment when due, on all purchases made by any and all agents of our company. It is fully understood and agreed that upon approval of this application or reapplication and in consideration of credit being extended, that the undersigned Principal(s) will unconditionally, individually, and jointly and severally guarantee full payment of the purchase price of goods and merchandise so provided.
4. If it becomes necessary to effect collection, I/we agree to pay all costs of collection including reasonable court costs and attorney fees. Eberl Iron Works, Inc. may at its option, elect venue for all legal purposes in Erie County, NY.
5. A NSF fee of \$50.00 will be assessed for all returned checks.
6. In consideration of your extending credit, the above named applicant agrees to pay any and all purchases made on this account pursuant to the terms and conditions of sale herein set forth.
7. Eberl Iron Works, Inc. shall not be bound by any retainage agreement between the buyer and any other party.
8. Eberl Iron Works, Inc. shall not be bound by any term(s) or condition(s) of sales as stated on Buyer's purchase order unless the purchase order or subcontractor agreement is signed by an authorized Eberl Iron Works, Inc. agent.
9. All claims for damages, errors or shortages must be made by the Buyer in writing within a period of two business days after the goods are delivered. The claim must be verified and authorized by Eberl Iron Works, Inc. representative. Failure to make such claim within the stated period shall constitute irrevocable acceptance of the goods and an admission that the Eberl Iron Works, Inc. has fully complied with the terms and conditions and specifications of this agreement.
10. Returns are subject to restocking fees.
11. Any changes in information contained in this application must be made in writing and mailed to Eberl Iron Works, Inc.

I, \_\_\_\_\_, (1) make the above representations, which I certify to be correct, for the purpose of securing credit; (2) authorize Eberl Iron Works, Inc. to obtain consumer credit reports on me periodically when necessary and appropriate; (3) authorize our financial institutions and creditors to release credit information; (4) understand that it is the applicant's responsibility to notify the creditor of any changes of name, address, or status.

Signature:\* \_\_\_\_\_ Date: \_\_\_\_\_

*\*Must be signed by a principal of the company.*

Person submitting application:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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## JOB PROJECT INFORMATION SHEET

PLEASE PRINT CLEARLY

TO BE FILLED OUT FOR ANY ORDER OVER \$1500.00.

JOB INFORMATION (ABSOLUTELY REQUIRED):

CUSTOMER'S P.O. / JOB #'S: \_\_\_\_\_

**JOB NAME:** \_\_\_\_\_

JOB ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

JOB TYPE: PRIVATE:  PUBLIC:  FED:  TAX CODE:

IND/COMMER:  OR RESIDENTIAL:  BASE:  OR TENANT:

**OWNER:** \_\_\_\_\_

NAME OF: OWNER (Private), LEASEE (Tenant), AUTHORITY  
(Public/Fed)

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

**GENERAL:** \_\_\_\_\_

NAME OF: CONTRACTOR OUR CUSTOMER IS DIRECTLY WORKING  
UNDER

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX#: \_\_\_\_\_

**FAX COMPLETED APPLICATION TO (716) 854-1184**