



E-MAIL BACK TO [CUSTOMERSERVICE@CURTISSTEEL.COM](mailto:CUSTOMERSERVICE@CURTISSTEEL.COM)  
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## CASH CUSTOMER APPLICATION

### BUSINESS CONTACT INFORMATION

Company Name:		
Phone:	Fax:	
Mailing Address:		
City:	State:	ZIP:
Shipping Address:		
City:	State:	ZIP:
Purchaser Name:		
Phone:	Fax:	Email:
Other person(s) authorized to Purchase?		
Do you require a PO#? <input type="checkbox"/> Written or <input type="checkbox"/> Verbal or <input type="checkbox"/> Either		Credit Limit Amount Requested:
How would you like to receive Quotes, Orders, MTRs, etc?     Email <input type="checkbox"/> Fax <input type="checkbox"/>		
AP Contact Name:		
Phone:	Fax:	Email:
How would you like to receive Invoices and Statements?     Email <input type="checkbox"/> Fax <input type="checkbox"/>		
Do you want to keep a card on file?     Yes <input type="checkbox"/> NO <input type="checkbox"/> If yes, please fill out a Credit Card Authorization form and submit with Cash Application Form*		
Is your account tax exempt?     Yes <input type="checkbox"/> NO <input type="checkbox"/> If yes please attach the proper documentation and submit with Cash Application Form*		

### SIGNATURES \*( MUST BE AN OWNER OR OFFICER AND AN AUTHORIZED BANK SIGNER )

Owner:	Title:
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Signature: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Sales Representative:	Title:
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Signature: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_