

Customer Requirements

Please fill out the following and return with your credit application!

Customer Name: _____ Phone#: _____

_____ Fax#: _____ Delivery Address: _____

Billing Address: _____ Contact Person: _____

Purchasing: _____ Warehouse: _____ Please Check Method of

Unloading Material:

Overhead crane _____ Fork lift rear _____ Fork lift side _____ Hand

Unloading inside _____ Hand Unloading outside _____

Please Indicate Acceptable Weight in Pounds: Minimum Skid: _____ Maximum Skid: _____

_____ Receiving Days: _____ Receiving Hours: _____ Width

Tolerance: _____ Gauge Tolerance: _____ Length Tolerance: _____

Diagonal Tolerance: _____

Slit Coil Information: I.D. _____ O.D. _____ (Max Weight in lbs) _____

Unloading Information: Eye to Sky _____ Eye to Side _____

Delivery Appointment Required: YES or NO

Receiving Hours: _____

Special Information: _____

Please note: Basic Metals' payment terms are 1/2% 10 days Net 30.

AUTHORIZED SIGNATURE: _____ **DATE:** _____