



About Our Organization: (*) denotes a required field

Legal Name:*

Doing Business As:

Address:*

P.O. Box:

City:*

Country:*

State:*

Zip Code:*

Phone:*

Fax:

Email Contact:*

Type of Business:*

Duns #:

Name of Owner(s), Partners:

Name:*

Title:*

TO ADD MORE, PLEASE ADD BELOW...

We are a:

Parent Company Name:

Address:

P.O. Box:

City:

Country:

State:

Zip Code:

TSBMR Sales Representative:

Name:

Contact:

Purchasing Contact:

First Name:*

Last Name:*

Address:*

Phone:*

Fax:

Email:*

Accounts Payable Contact:

First Name:*

Last Name:*

Address:*

Phone:*

Fax:

Email:

Accounts Payable Dept.:

AP Fax Number:

Preferred Invoice Delivery:*

(Email or Mail)

Accounts Payable Email Address:*

Business Identification:

Are you a Taxable Entity?*

Are you a Tax Exempt Entity?*

Federal Tax ID:*

Sales Tax Exemption Certificate #:

About Our Operations:

Line of Business:

Types of Trade We Sell:

Number of Accounts:*

Number of Employees:*

Estimated Monthly Purchase of Products (\$)*

Type of TSB Metal Recycling LLC Product to be Purchased: *

(Please make a selection)

METAL RECYCLING
OTHER

Shipping Locations:

Location 1:

Name 1:

Name 2:

Address:

City:

Country:

State:

Zip Code:

TO ADD MORE, PLEASE ADD BELOW...

☐ We will send our bank and trade reference information, separate from this application, to TimkenSteel's Credit Department via fax ((330) 409-6687) or email (stlCreditApp@timkensteel.com). If checking this box, do not fill out the below references and proceed to the next section.

Bank Reference:

Bank Name:*

Checking Account #:

Loan Account #:

Address:*

P.O. Box:

City:*

Country:*

State:*

Zip Code:*

Phone:*

Fax:

Email:

SUBMISSION OF THIS APPLICATION NEEDS AUTHORIZATION TO YOUR BANK TO RELEASE CREDIT INFORMATION TO TIMKENSTEEL FOR CREDIT EVALUATION PURPOSES. PLEASE UPDATE THE AUTHORIZATION LETTER AND FAX IT TO BANK.



Trade References: (minimum of 3 required)

Trade Reference: 1

Name:*	Address:*	P.O. Box:	City:*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country:	State:*	Zip:*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Phone:*	Fax:	Email:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Trade Reference: 2

Name:*	Address:*	P.O. Box:	City:*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country:	State:*	Zip:*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Phone:*	Fax:	Email:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Trade Reference: 3

Name:*	Address:*	P.O. Box:	City:*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country:	State:*	Zip:*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Phone:*	Fax:	Email:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

TO ADD MORE, PLEASE ADD BELOW...

Terms and Conditions:

The undersigned hereby makes this application for credit to TSB Metal Recycling LLC and on making this application the undersigned agrees to be bound by all of the terms and conditions contained in this credit application, any documents referenced in this credit application or any supplements.

1. Authorizing the bank and trade references to release to TSB Metal Recycling LLC all information requested.
2. The undersigned agrees that all amount payable on or before the due date as shown on each invoice will be paid by the said due date, and if not paid on or before said due date, are then to be deemed delinquent.
3. Should credit availability be granted by TSB Metal Recycling, all decisions with respect to the extension or continuation of credit shall be in the sole discretion of TSB Metal Recycling. TSB Metal Recycling may terminate any credit availability at any time with its sole discretion.
4. If your application for business credit is denied or there is a denial of a request for an increase in business credit, you have the right to a written statement of the specific reason(s) for denial. To obtain the statement, please contact the Credit Manager of TSB Metal Recycling LLC within 60 days from the date you are notified of our decision (Attention: Credit Manager, Mail Code: GNE-12; 1835 Dueber Avenue, S.W.; P.O. Box 6928; Canton, OH 44706-0928 U.S.A.). We will send you a written statement of reason(s) for the denial within 30 days of receiving your written request for the statement.
5. It is understood that TSB may impose and charge a finance charge or delinquency charges which is the lower of one and one-half percent (1-1/2%) per month or the highest rate allowed by law on any amount which becomes delinquent.
6. The undersigned agrees to be responsible for all collection costs and attorney's fees in connection with any delinquent amount placed for collection.
7. The undersigned agrees to pay for all purchases of goods and/or services according to the terms of TSB Metal Recycling. No terms or conditions of the purchase orders different from the terms of TSB Metal Recycling will become part of any sales agreement, purchase order, or other document unless specifically approved in writing by TSB Metal Recycling.
8. No material will be accepted for return without prior approval, and may be subject to a restocking charge. Payments may be applied as against open charges in the discretion of TSB Metal Recycling.

This sale is subject to TSB Metal Recycling LLC General Terms and Conditions effective on the date the purchase order is received, which are incorporated in full by this reference. The General Terms and Conditions are available at <http://www.tsbmetalrecycling.com/PurchaseTCs.pdf> and will be sent by mail or fax to the purchaser upon request. TSB Metal Recycling LLC limits acceptance to the General Terms and Conditions and objects to any other additional or different terms in the purchaser's purchase order or acceptance.

The person(s) signing this application certify that all of the information contained in this application and any attachment or amendment is true, correct and complete to the best of their knowledge and belief.

Signature

Notes and Comments:

I certify that the following information is, to the best of my knowledge, true and correct

Authorized Name:*

Title:*

Date: