

HUB Metals and Trading, Inc.

1141 South Acacia Avenue, Fullerton, CA 92831, U.S.A.
Phone: 714-871-8020 Fax: 714-871-8044

APPLICATION FOR CREDIT

COMPANY INFORMATION

Company Legal Name: _____ Phone: _____
Billing Address: _____ Fax: _____

Accounts Payables Contact: _____ Email Address: _____
Type of Business: _____ Date Established: _____
Resale Permit Number: _____ Federal Tax Id: _____
Ownership: ___ Corporation ___ Partnership ___ Sole Proprietorship
President: _____ Vice President: _____ Secretary: _____

BANK REFERENCE

Name of Bank: _____ City/State: _____
Contact: _____ Phone: _____ Account #: _____

REFERENCES/SUPPLIERS

Please list as many metal distributors as possible

Company Name: _____ Fax No: _____
City/State: _____
Company Name: _____ Fax No: _____
City/State: _____
Company Name: _____ Fax No: _____
City/State: _____

TERMS AND AGREEMENT

THE APPLICANT AND THE SIGNATORY FOR THE APPLICANT REPRESENT AND WARRANT THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. WE UNDERSTAND THAT YOUR PAYMENT TERMS ARE 2% DISCOUNT 10 DAYS FROM DATE OF INVOICE, NET 30. **Accounts past due are subject to a 1½% per month finance charge (18% annual percentage rate) as legally permissible to pursuant to state law.** WE AGREE TO THE PROPER PAYMENT IN CONSIDERATION OF EXTENDED CREDIT.

THIS APPLICATION AUTHORIZES HUB Metals and Trading, Inc. TO OBTAIN A WRITTEN OR ORAL CREDIT REPORT AND FURTHER AUTHORIZES ANY BANK OR COMMERCIAL BUSINESS TO GIVE ANY AND ALL NECESSARY INFORMATION.

IN COLLECTING PAST SUMS DUE AS PART OF ANY CREDIT EXTENDED ON THE BASIS OF THIS APPLICATION, I (WE) AGREE TO PAY REASONABLE COST AND EXPENSES SHOULD LEGAL RECOURSE BECOME NECESSARY, INCLUDING ALL ATTORNEY FEES AND COSTS INCURRED TO INFORCE PAYMENT.

Authorized Agent: _____ Title: _____ Date: _____