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IF YOU HAVE A TRADE REFERENCE FORM AVAILABLE * PLEASE SIGN AND RETURN WITH YOUR INFORMATION

DATE: _____

▶

COMPANY NAME: _____ PHONE: _____ FED ID NO.: _____

BILLING ADDRESS: _____ FAX: _____ D&B NO.: _____

PHYSICAL ADDRESS: _____ CONTACT: _____ *GA.TAX NO.: _____

CITY: _____ P.O. / MTR REQUIRED _____ P.O. _____ EXEMPT CERTIFICATE REQUIRED

STATE: _____ ZIP: _____ ACCOUNTS PAYABLE CONTACT: _____

HOW LONG AT PRESENT ADDRESS: _____ A/P PHONE IF DIFFERENT THAN ABOVE: _____

PAPERLESS INVOICE / STATEMENT **FAX:** _____

EMAIL ADDRESS: _____

☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATE

BUSINESS START DATE: _____

INCORPORATION DATE: _____

STATED INCORPORATED _____

BRANCH NAME: _____

CITY: _____ STATE: _____

CONTACT PERSON: _____

PHONE: _____ FAX _____

1. NAME: _____ 2. NAME: _____ 3. NAME _____

CONTACT: _____ CONTACT: _____ CONTACT: _____

PHONE: _____ PHONE: _____ PHONE: _____

FAX: _____ FAX: _____ FAX: _____

OFFICERS OF OWNERS

PRESIDENT: _____

PHONE: _____

SIGNATURE: _____

V-PRESIDENT: _____

PHONE: _____

SIGNATURE: _____

Applicant Signature: _____ **Date:** _____

Title: _____