

# SAC INTERNATIONAL STEEL, INC.

Tel: (323) 232-2529 or (323) 232-2467 Fax: (323) 232-3847  
6130 South Avalon Boulevard, Los Angeles, CA 90003 U.S.A.  
Website: <http://www.sacsteel.com> Email: [info@sacsteel.com](mailto:info@sacsteel.com)

## CREDIT APPLICATION

*STANDARD PAYMENT TERMS ARE 1/2% 10 DAYS, NET 30 DAYS.*

Date \_\_\_\_\_

Company Name \_\_\_\_\_ Phone No. (\_\_\_\_\_) \_\_\_\_\_

Billing Address \_\_\_\_\_ Fax No. (\_\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent Company Name and Address \_\_\_\_\_

Accounts Payable Contact & Telephone No. \_\_\_\_\_

Corporation  Partnership  Other  If Corporation, Incorporated in State of \_\_\_\_\_ No. of years in business \_\_\_\_\_

### Corporate Officers, Partners or Owners

Name and Title	Email address	Telephone
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_____	_____	_____
_____	_____	_____
_____	_____	_____

D&B Number \_\_\_\_\_ Nature of Business \_\_\_\_\_

### BANK REFERENCE

Bank \_\_\_\_\_ Branch \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Contact \_\_\_\_\_  Checking, Account No. \_\_\_\_\_  Loan, Account No. \_\_\_\_\_

### TRADE REFERENCES

Name	Address	Contact	Telephone	Fax
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

In submitting this information, I authorize you to investigate our credit posture. \_\_\_\_\_

**Print name of Owner, President, or Authorized Officer**

\_\_\_\_\_  
**Signature of Owner, President, or Authorized Officer**

**Please attach current financial statements and sales tax exemption certificate and return to: Omar Ali Chohan, CFO Vice President**  
6130 S. Avalon Blvd., Los Angeles, CA 90003, Fax (765)-361-3243, [omar@sacintl.com](mailto:omar@sacintl.com)

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## PURCHASER'S RESALE AND USE TAX EXEMPTION CERTIFICATE

CHECK APPLICABLE BLANK:

Single Purchase Certificate  
No. \_\_\_\_\_

Blanket Certificate  
No. \_\_\_\_\_

### **THIS IS TO CERTIFY:**

That the undersigned purchaser holds a valid Seller's Permit, Registration, Exemption, Certificate of Authority or Direct Pay and is accountable directly to that authority.

Permit #: \_\_\_\_\_

State: \_\_\_\_\_

Type of business operated by Purchaser: \_\_\_\_\_

Type of merchandise sold: \_\_\_\_\_

That all tangible personal property purchased by the undersigned from you is or was purchased for use as follows:

- For resale as tangible personal property in its present form.
- For resale outside the state indicated above or shipped into this state solely for third party processing.
- To be incorporated as a material or part of other tangible personal property to be produced for sale by manufacturing, assembling, or constructing.
- Other (please describe) \_\_\_\_\_

That the undersigned purchaser assumes full liability for the payment to the State or District of jurisdiction of any sales or use taxes, together with penalties and interest, that may later be determined to be due on any taxable sale or use thereof.

- Please bill sales and use of tax accordingly. The undersigned does not hold a valid Seller's Permit, Registration, Exemption, Certificate of Authority or Direct Pay and is accountable directly to that authority.

**FAILURE TO RETURN THIS CERTIFICATE TO SAC WILL BE INTERPRETED AS AUTHORITY TO COLLECT ON ANY TAX ON ALL BILLINGS AS REQUIRED BY THE PROPER TAXING AUTHORITY.**

Unless marked above as a Single Purchase Certificate, this certificate is to be considered part of any order given to you and shall remain in force until revoked by notice in writing to you.

Date: \_\_\_\_\_ Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

By: \_\_\_\_\_

Title \_\_\_\_\_

(Signature of owner, partner, or authorized officer)

Print Name: \_\_\_\_\_

A SEPARATE CERTIFICATE MUST BE PROVIDED FOR EACH STATE TO WHICH MATERIAL WILL BE SHIPPED.