



Liberty Steel Products, Inc.  
11650 Mahoning Avenue  
North Jackson, OH 44451  
Phone: 330-538-2236

## New Account Credit Application

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Street Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date Business Started: \_\_\_\_\_ Requested Credit Limit: \_\_\_\_\_

Liberty Steel Salesperson: \_\_\_\_\_

### Key Company Contacts

President/CEO: \_\_\_\_\_ CFO: \_\_\_\_\_

A/P Contact: \_\_\_\_\_ A/P Email: \_\_\_\_\_

Email for Electronic Invoices: \_\_\_\_\_

### Bank Information

Name of Bank: \_\_\_\_\_ Account #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_



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**Steel Vendor References (minimum three references)**

1. Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact: \_\_\_\_\_ Email: \_\_\_\_\_
  
2. Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact: \_\_\_\_\_ Email: \_\_\_\_\_
  
3. Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby authorize Liberty Steel Products, Inc. to investigate the bank and vendor references listed pertaining to our credit and financial responsibility.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name/Title: \_\_\_\_\_

Please email or fax us your latest financial statements and sales tax exemption certification. This document and all pertaining bank and vendor references should be sent to:

Emily Chammas  
Corporate Controller  
Phone: 330-538-1260  
Fax: 330-538-2836  
Email: [lspscreditdep@liberty-steel.com](mailto:lspscreditdep@liberty-steel.com)

*All sales by Liberty Steel Products, Inc. are done so in accordance with our standard terms and conditions of sale, which are available for your review on our website at [www.libertysteelproducts.com](http://www.libertysteelproducts.com).*