

Date:_____

Serving the Needs of Our Customers Since 1923

128 Sycamore Street Buffalo, NY 14204-1492 Toll-Free: (800) 285-3056

> Tel: (716) 854-7633 Fax: (716) 854-1184

www.eberliron.com

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The undersigned company is applying for credit with Eberl Iron Works, Inc. and agrees to abide by the standard terms and conditions of this document. Please print clearly and fill out completely.

Note: Only completed in full and signed Eberl Iron Work's applications will be accepted.

COMPANY NAME:						
DBA NAME (IF DIFFERENT):						
Bill To Address:		Ship To Address:				
Phone #:						
Website:						
Purchasing Contact:						
A/P Contact:	Phone#: _		Email:			
Type of Business: Sole Proprietorship □	Partnership	o □ Corporation □	Other 🗆			
Date Established:	No. of Emp	loyees:	Credit Amount:			
Federal ID #:	Tax Status:	Taxable	Non-taxable			
Note: If you are sales tax exempt, please provide	exemption ce	rtificate with this applica	ation.			
D&B No.:	Purchase	Orders Required:	Yes No			
Has the firm or any of its Principals ever bee	n Bankrupt?	Yes	No			
If ves explain:						













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OFFICERS OR PRINCIPALS:							
President Name:							
Phone #:							
Vice President Name:							
Phone #:	Em	ail:					
CFO/Treasurer Name:							
Address/City/State/Zip:							
Phone #:	Em	Email:					
Please check the box that be	•	siness:	Paving, Excavating, Fencing Contractor				
Distributor	Municipality	Manufacturer	Structural & Misc. Metals				
General Contractor	Architect/Engineer	Dock & Door Business	Maintenance & Repair Uses				
Retail/Grocery	Food Industry	Other					
DOCUMENT DELIVERY SELECTION	ON FORM:						
To Email Invoices and Staten	nents, please complet	e the following:					
Contact Name:							
Contact Email Address							

Follow Us On Social Media!























BANK REFERENCES:

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NOTE: PAGE MUST BE COMPLETED IN FULL.

Rank Namo	
Bank Name:	
City/State/Zip:	
Phone #:	Email:
Checking Acct #:	
Bank Name:	
Address:	
City/State/Zip:	
Phone #:	Email:
Checking Acct #:	
TRADE REFERENCES: (Please provide 5 current suppliers)	
Company Name:	
Address:	
City/State/Zip:	
Phone #:	Fax #:
Contact:	Email:
Company Name:	
Address:	
City/State/Zip:	
Phone #:	Fax #:
	Email:
Company Name	
Company Name:	
Address:City/State/Zip:	
Phone #:	Fax #·
Contact:	
Company Name:	
Address:	
City/State/Zip:	
Phone #:	Fax #:
Contact:	
Company Name:	
Address:	
City/State/Zip:	
Phone #:	Fax #:
Contact:	Email:













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NOTE: PAGE MUST BE SIGNED.

ACCOUNT TERMS AND CONDITIONS

- 1) Statements are mailed at the beginning of each month.
- 2) Eberl Iron Works, Inc. offers invoice terms of .50% (1/2%) discount if paid within 11 days from date of invoice. These invoices are net 12 days after date of invoice and considered past due after 30 days. Any account over 60 days past due will be placed on credit hold until account is brought current. Any account over 110 days old from date of invoice, will be placed with our legal department.
- 3) I/we agree to guarantee payment when due, on all purchases made by any and all agents of our company. It is fully understood and agreed that upon approval of this application or reapplication and in consideration of credit being extended, that the undersigned Principal(s) will unconditionally, individually, and jointly and severally guarantee full payment of the purchase price of goods and merchandise so provided.
- 4) If it becomes necessary to effect collection, I/we agree to pay all costs of collection including reasonable court costs and attorney fees. Eberl Iron Works, Inc. may at its option, elect venue for all legal purposes in Erie County, NY.
- 5) A NSF fee of \$50.00 will be assessed for all returned checks.
- 6) In consideration of your extending credit, the above-named applicant agrees to pay any and all purchases made on this account pursuant to the terms and conditions of sale herein set forth.
- 7) Eberl Iron Works, Inc. shall not be bound by any retainage agreement between the buyer and any other party.
- 8) Eberl Iron Works, Inc. shall not be bound by any term(s) or condition(s) of sales as stated on Buyer's purchase order unless the purchase order or subcontractor agreement is signed by an authorized Eberl Iron Works, Inc. agent.
- 9) Eberl Iron Works, Inc. has the right to revoke any credit account for any reason and will notify the Buyer in writing.
- 10) Custom fabricated parts will incur a 50% cancellation fee after fabrication has begun.
- 11) Any order canceled after processed and shipped, Buyer is liable for all costs.
- 12) All claims for damages, errors or shortages must be made by the Buyer in writing within a period of two business days after the goods are delivered. The claim must be verified and authorized by an Eberl Iron Works, Inc. representative. Failure to make such claim within the stated period shall constitute irrevocable acceptance of the goods and an admission that the Eberl Iron Works, Inc. has fully complied with the terms and conditions and specifications of this agreement.
- 13) Returns are subject to restocking fees and an RGA must be issued by Eberl Iron Works. It is the responsibility of the Buyer to arrange for pick up or shipment of the product back to Eberl Iron Works.
- 14) Defective products will be exchanged or refunded. Shipping costs are non-refundable.
- 15) Products and Custom fabricated parts made by Eberl Iron Works, Inc. are warranted for quality and workmanship.
- 16) Any changes in information contained in this application must be emailed to Eberl Iron Works, Inc.

Signature:*		Date:
o.g	*Must be signed by a principal of the company.	
Person subi	mitting application:	
		Date:













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JOB PROJECT INFORMATION SHEET

PLEASE PRINT CLEARLY - TO BE COMPLETED FOR ANY ORDER OVER \$3,000.00

JOB INFORM	ATION (REQUIRED):						
Customer's P	O # / Job #'s:		Job Name:				
Job Address:			County:				
City:			State:	Zip Code:			
JOB TYPE:	PRIVATE □	PUBLIC □	FEDERAL □	TAX CODE □			
IND/CCOMM	ier 🗆 / Residential [□ BASE □ / -	ΓENANT □				
Owner:							
Address:		,	ASEE (Tenant), AUTHC	ORITY (Public/Fed)			
				Zip Code:			
				_ Fax #:			
City:			State:	Zip Code:			

EMAIL OR FAX COMPLETED APPLICATION

Email: denise.wilson@eberliron.com Fax: 716-854-1184









