

# NUCOR

## FASTENER DIVISION

Post Office Box 6100  
Saint Joe, Indiana 46785  
Telephone 260/337-1600

### CREDIT APPLICATION

Fax 260/337-1717

#### Required Documentation

Tax Exempt Certificate

Most Recent Audited Financial Statements  
(including balance sheet, income statement,  
cash flow statement)

Release of Bank Information form (see page 2  
below)

Electronic Invoicing Information (see page 2  
below)

Estimated credit needs:\$ \_\_\_\_\_

Company Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Mailing Address \_\_\_\_\_ Date Established \_\_\_\_\_

Street Address \_\_\_\_\_ Phone # \_\_\_\_\_

City, State & Zip \_\_\_\_\_ Fax # \_\_\_\_\_

Email address \_\_\_\_\_ Duns # \_\_\_\_\_

#### BANK REFERENCE

Bank Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Fax# \_\_\_\_\_

Bank Officer \_\_\_\_\_ Type of Account \_\_\_\_\_

#### TRADE REFERENCES

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Fax# \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Fax# \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Fax# \_\_\_\_\_

Orders placed with Nucor Fastener are subject to Nucor Fastener's Terms & Conditions of Sale. See Nucor Fastener's General Product Information Guide and/or website for terms & conditions.

We certify that all the information on this form is correct. We believe that our firm is financially able to meet any obligations that we have made, and we agree to pay invoices according to your terms of 1/2% 10, net 30.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Printed \_\_\_\_\_



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We have requested a credit reference from your bank. They are requiring an authorization from your company before releasing any credit information.

Please sign and date, in the spaces provided below, indicating your authorization for release of information. After signing, please fax the form back to me at 260/337-1717.

Thank you for your cooperation.

Sincerely,

Casey Stafford  
Credit Analyst

Signature below indicates authorization for release of credit information to Nucor Fastener, St. Joe, IN:

\_\_\_\_\_  
Signature - Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Account #

**Nucor Fastener invoices electronically only. Please complete the information below:**

A.P. Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

A.P. Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Controller: \_\_\_\_\_ Phone: \_\_\_\_\_

Submit invoices via email for payment to (email address): \_\_\_\_\_  
OR

Submit invoices via fax for payment to (fax #): \_\_\_\_\_

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