

128 Sycamore Street Buffalo, NY 14204 Toll-Free: (800) 285-3056 Tel: (716) 854-7633 Fax: (716) 854-1184

eberliron.com

Date:				
Date:	_			

CONFIDENTIAL CREDIT APPLICATION

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:		Email:		
A/P Contact:	Phone#:	Email:		
TYPE OF BUSINESS: Sole Proprietorship	Partnership Corporation	Other		
Date Established:	No. of Employees:	Credit Amount:		
Federal ID #:	Tax Status: Taxable	Non-taxable		
Note: If you are sales tax exempt, please prov	vide exemption certificate with this a	application.		
D&B No.:	Purchase Orders Required:	YesNo		
Has the firm or any of its Principals ever b	een Bankrupt? Yes	No		
If yes, explain:				















OFFICERS OR PRINCIPALS:



Serving the Needs of Our Customers Since 1923

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President Name:			
Address/City/State/Zip:			
Phone #:	Em	ail:	
Vice President Name:			
CFO/Treasurer Name:	:		
Please check the box	that best describes y	our business:	
☐ Mechanical, Electric Contractor	al, Specialty Contractor	General Contractor	Paving, Excavating, Fencing
Distributor	Municipality	Manufacturer	Structural & Misc. Metals
General Contractor	Architect/Engineer	Dock & Door Busines	ss Maintenance & Repair Uses
Retail/Grocery	Food Industry	Other	
DOCUMENT DELIVERY S	ELECTION FORM:		
To Email Invoices and	Statements, please cor	nplete the following:	

Follow Us on Social Media!













Contact Name:

Contact Email Address:















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NOTE: PAGE MUST BE COMPLETED IN FULL.

BANK REFERENCES:	
Bank Name:	
Address:	
City/State/Zip:	
Phone #:	Email:
Checking Acct #:	
Bank Name:	
Address:	
City/State/Zip:	
Phone #:	
Checking Acct #:	Contact:
TRADE REFERENCES: (Provide 5 current suppliers)	
TRADE REFERENCES. (Provide 3 current suppliers)	
Company Name:	
Address:	
City/State/Zip:	
Phone #:	_ Fax #:
Contact:	
Company Name:	
Address:	
City/State/Zip:	
Phone #:	_ Fax #:
Contact:	_ Email:
Company Name:	
Address:	
Address:	
City/State/Zip:Phone #:	Fav #:
Contact:	
Contact.	_ Email:
Company Name:	
Address:	
City/State/Zip:	
Phone #:	Fax #:
Contact:	
Contact.	
Company Name:	
Address:	
City/State/Zip:	
Phone #:	_ Fax #:
Contact:	Email:

















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ACCOUNT TERMS AND CONDITIONS

NOTE: PAGE MUST BE SIGNED.

- Statements are mailed at the beginning of each month.
- Eberl Iron Works, Inc. offers a discount of .50% (1/2%) if paid within 11 days from date of invoice or net 30 days without a discount. Any invoice over 30 days from date of invoice is considered past due. 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.
- 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.
- 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.
- Eberl Iron Works, Inc. shall not be bound by any retainage agreement between the buyer and any other party.
- 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 100% 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 RMA 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.

•	dit; (2) authorize Eberl Iron Works, Inc. to obtain consumer c	
	ate; (3) authorize our financial institutions and creditors to re 's responsibility to notify the creditor of any changes of name,	, , ,
Signature:*		Date:
	*Must be signed by a principal of the company.	
Person subr	nitting application:	
Name:		Date:















JOB PROJECT INFORMATION SHEET

JOB TYPE: PRIVATE

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PLEASE PRINT CLEARLY -	TO BE COMPLETED	FOR ANY ORDER	OVER \$3.000.00

JOB INFORMATION (REQUIRED):	
Customer's PO # / Job #'s:	Job Name:

PUBLIC | FEDERAL |

Job Address: _____ County: ____

City: _____ State: ____ Zip Code:_____

IND/CCOMMER - / RESIDENTIAL - BASE - / TENANT -

Owner:OWNER (Private), LEASEE (Tenant), AUTHORITY (Public/Fed) Address:				
City:	State:	Zip Code:		
General Contractor on Project: _ Project Manager:				
Address:		_ Phone #:		
		_ Fax #:		

EMAIL OR FAX COMPLETED APPLICATION

Email: steven.dahn@eberliron.com Fax: 716-854-1184







City: _____ State: ____ Zip Code:







TAX CODE