

INTERNAL	. USE	ONLY
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SALES REP OTHER

FIRM NAME:			
STREET ADDRESS: (No PO Box)			
		: ZIP:	
PHONE:		_ FAX:	
SHIPPED TO ADDRESS:			
		CORPORATION:	
FED. TAX ID:		# OF EMPLOYEES:	
FINANCIAL INSTITUTION INFO.:			
D&B NO.:			
DATE BUSINESS STARTED:	EFFECTIVE	DATE OF CURRENT OWNERSHIP:	
ESTIMATED ANNUAL SALES \$:			
ESTIMATED ANNUAL PURCHASES FROM HA	ARSCO \$:		
BUSINESS DESCRIPTION: MFG	DISTRIBUTOR OTHER		
TAX EXEMPT: NO YES	YES (If YES, must attach certificate)		
TRA	DE REFERENCE	S (FOUR REQUIRED)	
NAME:		NAME:	
STREET:		STREET:	
CITY/STATE/ZIP:		CITY/STATE/ZIP:	
PHONE: FAX:		PHONE: FAX:	
CONTACT NAME:		CONTACT NAME:	
NAME:		NAME:	
STREET:			
CITY/STATE/ZIP:		CITY/STATE/ZIP:	
PHONE: FAX:		PHONE: FAX:	
CONTACT NAME:		CONTACT NAME:	
collection costs or is required to institute suit to collect any such additional collection costs, charges, and expenses, incl pay as agreed will affect the services rendered by Harsco M Harsco Metals & Minerals.	amount due under this uding reasonable attorr etals & Minerals. In cor	ave been granted open credit. In the event Harsco Metals & Minerals incurs any agreement or any portion thereof, the Company applying for credit agrees to pay ney fees incurred by Harsco Metals & Minerals. I further understand that failure to ncurrence with this, I am fully authorized to enter into a trade credit contract with	
Authorized Signature/Title (required)			