voestalpine			To: Lisa Peters - Accounting
ONE STEP AHEAD. Account Number:			Completed Application and
voestalpine High Performance Metals Ltd.			Tax Exempt Certificate to:
2595 Meadowvale Blvd. Mississauga, ON L5N 7Y3	Telephone: Fax:	630-883-3110 630-883-3111	lisa.peters@voestalpine.com
APPLICATION FOR CREDIT			
Please check all that apply:			
· ·	Partnership Tax-Exempt (Pleas	□ Corporation se attach copy of y	F.E.I.N. # our form or we must charge tax.)
Company Name:			
Address:			
City:	State:		Zip:
Telephone:	Fax:		Email
Do you have multiple Ship-Tos? Please check box and attach complete addresses.			
	Office	rs, Partners, (Owners
(1) Name:			Title:
(2) Name:			Title:
Person(s) Responsible for Payment			
Controller:	i ci son(s)		Direct Line/Ext:
A/P Name:			
A/P Email Address:			Direct Line/Ext:
Email address to receive invoice(s) electronically:			
Business References			
Name:			
Address:			
City:	State:		Zip:
Telephone:	Fax:		Email
Name:			
Address:			
City:	State:		Zip:
Telephone:	Fax:		Email
Name:			
Address:			
City:	State:		Zip:
Telephone:	Fax:		Email
Name:			
Address:			
City:	State:		Zip:
Telephone:	Fax:		Email
AGREEMENT			
The applicant agrees that the extension of credit shall be subject to the following and payment terms of 0.5% 10 Days Net 30 Days:			
Past due balances are subject to an annual service charge of 18%. Should it be necessary to assign the			

account balance to a licensed collection agency or attorney for legal action, all subsequent collection charges and legal fees shall be paid by the applicant. The undersigned hereby authorizes the above named companies to release information requested on the applicant.

Authorized Signature

Date