693 Atkins Avenue Phone: 718-272-4444

BILLING INFORMATION

Brooklyn, NY 11208 Fax: 718-272-4023

JOBSITE

WE ACCEPT VISA OR MASTERCARD ONLY

NAME:	NAME:	
ADDRESS:	ADDRESS:	
TEL. #	TEL. #	
I authorize credit card charge of \$		_
Visa or MasterCard:		_
Name on credit card:		_
Credit card number:		_ Exp. Date:
Applicant Name	Tel:	Fax:
Address:		
In order to induce Rolling Steel Industries, Inc. the undersigned, as individuals, personally guara (name of applicant) now existing and/or which we This is a continuing guarantee which is not limited default. When and if the account is placed in the and owing, the undersigned agree to pay any reasonators owing.	antee payment of any indevill be incurred hereafter and in any manner and the hands of an attorney for	ebtedness ofand in what ever form evidenced. undersigned waive all notices of collection of any amounts unpaid
The undersigned consent to be under the full juri disputes will be settled in the courts of New Yorl the undersigned agree that service of process by constitute valid service of process of any litigation	k State having a venue wi mere certified mail to the	ithin New York City. Furthermore, below stated address shall alone
Sign: Print:	(No Title,	as Individual) Date:
ANY OUTSTANDING BALANCES V	WILL BE CHARGED TO	O THIS CREDIT CARD.

PLEASE SEND A COPY OF CREDIT CARD FRONT AND BACK.

THIS TRANSACTION IS NON-REFUNDABLE

FORM MUST BE COMPLETE TO PROCESS ORDER.