

Business Name _____ Phone _____

Site Address _____ City _____ State _____

Mailing Address (if different) _____ Zip _____

Make All Checks Payable to _____

Attention: (if any) _____

Checks may also be made payable to: (if any)

Note: If no names are listed here, payments will always be made by check according to "Make All Checks Payable to" line above.

Business Entity:

(as defined in ORS 60.470)

- Corporation Cooperative Partnership Limited Partnership
 LLC Government Non-Profit Sole Proprietorship/Individual
 Other _____

I acknowledge it is my responsibility to notify Burcham's Metals Inc. if the information reflected on this form changes.

Principal of Company (Please Print)

Authorized Representative (Please Print)

Date Received _____

Signature of Authorized Representative

This form can be hand delivered, emailed to bmetals@burchamsmetals.com or faxed to 541.926.5150