ATI CUSTOMER ONBOARDING CHECKLIST & APPLICATION FORM

Thank you for letting ATI serve the needs of your company. Please use this table as a guide for all information required to complete the ATI Customer Onboarding process.

Required Attachments	W-9	W-8 (if applicable)	Onboarding Form	Sales Tax Exemption Certificate (if applicable)
United States Customers	✓	N/A	✓	✓
Non-United States Customer	N/A	✓	✓	✓

- ✓ Your customer account cannot be created in our system until this information is received in full & complies with the instructions within this form.
- ✓ Customer acknowledges that a standard W-9 (W-8 if foreign customer operating in United States) must be on file.
- ✓ Please note, all payments must be Wired or ACH.
- ✓ Review and complete this form, sign, date, scan and save to your computer for your records.

Please refer to the Tools and Resources page for additional resources including the RMI Calculator:

- Specialty Alloys & Components
- Forged Products
- Specialty Materials
- Specialty Rolled Products

Please select from drop down box below the ATI Business Unit you wish to do business with:

ATI Business Unit *:* _____ ___ _____

ATI Contact Name(s) *:* _____

By signing you certify you have read and agree to the above, unless a different agreement supersedes them.

Customer Signature*:* __ _____

ATI Sales Representative

CUSTOMER APPLICATION FORM

Legal Name _____   Date Completed _____

Main Address _____   Phone # _____

City/Village _____   Fax # _____

State/Province _____   Zipcode _____

Country _____

Billing Information:

Billing Address _____   Billing Phone # _____

Billing City/Village _____   Billing Fax # _____

Billing State/Province _____   Billing Zipcode _____

Billing Country _____   Email to Deliver Invoice _____

Contact Information:

Accounts Payable Name _____   Buyer Name _____

Accounts Payable Phone _____   Buyer Phone _____

Accounts Payable Fax _____   Buyer Fax _____

Email to Deliver Statements _____   Buyer Email _____

Tax Information:

☐ Corporation   ☐ Partnership   ☐ Subsidiary   ☐ Division   ☐ Proprietorship

Tax Registration Number / EORI / IPR _____   DUNS / D&B _____

If a subsidiary or Division (Name of Parent Company) _____   Line of Business # _____

Principals Name and Title _____   Years in Business _____

Bank Reference:

Bank Name _____   Account Number(s) _____

Mailing Address _____   Phone Number _____

City/Village _____   Fax Number _____

State/Province _____   Zip _____

Country _____

ATI

CUSTOMER APPLICATION FORM (continued)

Trade References:

Trade Reference #1 Name	_____	Account Number	_____
Mailing Address	_____	Phone Number	_____
City/Village	_____	Fax Number	_____
State/Province	_____	Zip	_____
Zip	_____	Email Address	_____

Trade Reference #2 Name	_____	Account Number	_____
Mailing Address	_____	Phone Number	_____
City/Village	_____	Fax Number	_____
State/Province	_____	Zip	_____
Country	_____	Email Address	_____

Trade Reference #3	_____	Account Number	_____
Name Mailing	_____	Phone Number	_____
Address City/Village	_____	Fax Number	_____
State/Province	_____	Zip	_____
Country	_____	Email Address	_____

PLEASE ALSO PROVIDE COPY OF MOST RECENT FINANCIAL STATEMENTS

The undersigned hereby authorizes ATI and its representatives and agents to inquire and receive information about the undersigned's accounts from any and all of the bank and trade references provided. The undersigned acknowledges that credit terms will only be granted only after ATI has completed a satisfactory credit investigation. ATI reserves the right to rescind credit or change terms at any time. The undersigned also acknowledges and accepts the payment terms and conditions of sale.

Signature _____   Date _____

Name (Print or Type) _____   Title _____

CREDIT DEPARTMENT USE ONLY

Line of Credit: Approved ☐   Denied ☐   Amount $ _____   Approved By: _____   Date _____

Credit Analyst: _____   Collector: _____