



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	_____		



CUSTOMER APPLICATION FORM (continued)

Trade References:

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

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

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

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: _____