

New Customer Application for Credit

The Convenience Stores For Metal®

The undersigned for the purposes of obtaining credit now and hereafter, herewith submit to Metal Supermarkets for their reliance thereon the following presentations which are complete, accurate and truthful. In the event of any substantial change in the following representations, the undersigned, promises to immediately notify Metal Supermarkets.

Business Name:		Date:	
Phone Number: ()	Fax Number: (
Mailing Address:	Shipping Address:		
P.O. Box	Suite #		
Street	Street		
City	City		
State Zip	State	Zip	
Federal I.D No	Reseller Permit # / Exempt #		(Attach copy)
Company Contacts:			
Purchasing:	Phone:	Fax:	
Accounts Payable:	Phone:	Fax:	
Purchas	se Orders Required? YES	NO	
Would you like invoices emailed	d? Email Address:		
TRADE F	REFERENCES: (or attach own list)		
1)	Phone:	Fax:	
2)	Phone:	Fax:	
3)	Phone:	Fax:	
Contact Person Requesting Credit	(Please Print)		
	he terms of sale as stated upon each invoice. If any am b per annum). In any action to collect delinquent debt to onable attorneys fees plus all court and attendant colle	Metal Supermarkets, th	

Authorized Signature: _____

Title:	

Name (Please Print) _____

THIS CREDIT APPLICATION MUST BE SIGNED BY APPLICANT IN ORDER TO GRANT CREDIT