

Eastern Metal Trading Co., Inc.
CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

Proprietorship:

Partnership:

Corporation:

Other:

Are you tax exempt?

Your Tax ID:

BANK INFORMATION

Bank name:

Primary business address:

City:

State:

ZIP Code:

Telephone:

Fax:

E-mail:

Primary contact for your accounts:

Type of account

Account number

Savings

Checking

Other

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. By submitting this application, you authorize Eastern Metal Trading Co. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:

Date:

Title:

Date: