

# Metals 2 Go

224 N Hewitt Dr. Hewitt, TX 76643  
P.O. Box 20425 Waco, TX 76702  
254-235-7700 fax: 254-235-7703

030435636

## Credit Application for a Business Account

Dun # \_\_\_\_\_ F.I.D. \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

Registered company address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Date business commenced: \_\_\_\_\_

Sole proprietorship: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_ Other: \_\_\_\_\_

### Business and Credit Information

Primary business address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

How long at current address? \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Bank Information

Bank name: \_\_\_\_\_ ATTN: \_\_\_\_\_

Bank address: \_\_\_\_\_ e-mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of account: \_\_\_\_\_ Account number: \_\_\_\_\_

Savings: \_\_\_\_\_

Checking: \_\_\_\_\_

Other: \_\_\_\_\_

### Business and/or Trade References

Company name: \_\_\_\_\_ ATTN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

Type of account: \_\_\_\_\_

Company name: \_\_\_\_\_ ATTN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

Type of account: \_\_\_\_\_

Company name: \_\_\_\_\_ ATTN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

Type of account: \_\_\_\_\_

### Agreement

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within 7 working days.
3. By submitting this application you authorize Metals 2 Go to make inquiries to the banking, savings, business, and/or trade references you have supplied.
4. Invoices not paid when due will be charged the maximum amount allowed by law.

### Signatures

Print Name: _____ Signature: _____ Title: _____ Date: _____	<b>M2G OFFICE USE ONLY</b>
	CL: _____
	ST: _____
	Delivery Area: _____
	Salesman: _____
	Tax Certificate Entered on DMS: _____
	Added to Outlook Address Book: _____
	Contact Customer when set-up complete: _____
	e-mail salesman when set-up complete: _____