

# Metal Surfaces, Inc.

## CREDIT APPLICATION

### BUSINESS CONTACT INFORMATION

Firm Name:	Phone:	Fax:
Business Address:	E-mail:	
Billing Address:		
Type of Organization (check one)	Individual: <input type="checkbox"/>	Partnership: <input type="checkbox"/>
	Corporation: <input type="checkbox"/>	
Principals:	President:	Vice President:
CFO/Treasurer:	Owners or Partners:	
A/P contact:	E-mail, Ext.:	When established:
Sales Tax Permit # :	Fed Tax ID # or SS#:	D&B#:

### BUSINESS CREDIT INFORMATION

<b>Bank:</b>	Acct#:	Contact:
Address:	Phone:	
Type of Account:	E-mail:	
<b>Bank:</b>	Acct#:	Contact:
Address:	Phone:	
Type of Account:	E-mail:	

### BUSINESS/TRADE REFERENCES (PREFERABLY PLATING, HEAT TREATING OR GRINDING COMPANIES)

<b>Company name:</b>	Fax:	E-mail:
Address:	State:	Zip Code:
Phone:	Contact:	
<b>Company name:</b>	Fax:	E-mail:
Address:	State:	Zip code:
Phone:	Contact:	
<b>Company name:</b>	Fax:	E-mail:
Address:	State:	Zip Code:
Phone:	Contact:	

1. All invoices are to be paid 30 days from the date of the invoice. Overdue accounts may be referred to a attorney for collection and, if suit is commenced, customer agrees to pay attorney's fee equal to 20% of the balance owed.
2. Please carefully read the attached terms and conditions. Payment guarantors (jointly and severally, if more than one) agree (s) to pay all sums due in agreed upon terms.
3. By submitting this application, you authorize Metal Surfaces, Inc. to make inquiries into the banking and business/trade references that you have supplied.

### SIGNATURES

Signature: _____	Signature: _____
Printed name: _____	Printed Name: _____
Title: _____	Title: _____
Date: _____	Date: _____