

CREDIT APPLICATION



Company Info

Company Name: _____ Phone _____
Billing Address: _____ Fax _____
City / State / Zip _____ Fed ID _____
Type of Business _____ DUNS _____
Areas Serviced _____ Years in Business _____

Team

POSITION	NAME	EMAIL	PHONE
President	_____	_____	_____
Controller	_____	_____	_____
A / P	_____	_____	_____
Purchasing	_____	_____	_____

Credit Amount Required & Bank References

Anticipated
Credit Amount _____ Bank Contact _____
Bank Name _____ Contact Phone _____
Bank Account # _____ Contact Email _____

Steel Trade References

COMPANY	PHONE	FAX	EMAIL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

By my signature below, I authorize FLACK GLOBAL METALS to verify any/all information listed above and I further authorize any reference above to release any information related to the credit history of said company. Also, please be advised that by signing this application you are agreeing to our payment terms, per our company policy of: (Net 30 days) with the option of a discount (1/2%) when paid in 10 days.

Please return via email to ilaci@flackglobalmetals.com

* PLEASE PROVIDE A COPY OF THE STATE SALES AND USE TAX EXEMPTION CERTIFICATE.

Name: _____ Signature: _____
Title: _____ Date: _____