



THREE D METALS

APPLICATION FOR CREDIT

Company Name: _____

Shipping address _____ City _____ State _____ Zip _____ Phone number _____

Mailing address _____ City _____ State _____ Zip _____ Phone number _____

Purchasing Contact: _____ A/P Contact: _____

phone _____ phone _____

email _____ email _____

If e-mailed invoices are preferred please provide e-mail address(es) : _____

Federal ID #: _____

D & B #: _____

Type of Business: Proprietorship
 Partnership
 Corporation

Years in Business: _____

SIC Code: _____

Type of Business: _____

Sales Tax Exempt: No YES *(if yes, a sales tax exemption form must be submitted with this application)*

Credit line requested \$ _____ *if remitting by ACH/ Wire please request further instructions*

Bank Name: _____

Account #: _____ Bank Phone: _____

Trade References:	Contact name and Phone	Contact E-mail address
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

WE CERTIFY THAT ALL THE INFORMATION ON THIS FORM IS CORRECT AND THAT WE FULLY UNDERSTAND YOUR CREDIT TERMS OF 1/2% 10 NET 30 DAYS AND AGREE TO PROPER PAYMENT IN CONSIDERATION OF THE EXTENSION OF CREDIT. By signing this application the terms and conditions are accepted as stated on <http://www.threedmetals.com/TermsConditions.aspx>

signature

date

print name

title