

**CUSTOMER CREDIT APPLICATION**

Submit to: Accts Receivable Fax # (765) 962-4685 Or Email [ar@metlx.com](mailto:ar@metlx.com)

Also please send with signed W-9 and Tax Exemption Form

**THIS CREDIT APPLICATION IS TO BE COMPLETED BY AN AUTHORIZED INDIVIDUAL OF THOSE MAKING THE APPLICATION.**

Please retain a copy of this document for your files. Faxed or e-mailed copies of this form are accepted in order to begin processing. Thank you.

**BILLING LOCATION:**

Business Name: \_\_\_\_\_  
 Street / PO Box: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**SHIPPING LOCATION:**

Business Name: \_\_\_\_\_  
 Street / PO Box: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Years in Business: \_\_\_\_\_ Requested Credit Limit: \_\_\_\_\_  
 (Filter, Furniture, OEM, Building Products, Etc.)

Division of, or Affiliated with: \_\_\_\_\_ Type of Organization: \_\_\_\_\_  
 CORP, LLC, SOLE PROPRIETOR

Federal ID Number: \_\_\_\_\_ Resale Number: \_\_\_\_\_  
 (Please attach copy)

**KEY PERSONNEL:**

President: \_\_\_\_\_ Controller: \_\_\_\_\_  
 Purchasing Agent: \_\_\_\_\_ Accounts Payable: \_\_\_\_\_  
 I would like my invoices delivered via: \_\_\_\_\_ Email Address \_\_\_\_\_; \_\_\_\_\_ Fax: # \_\_\_\_\_; \_\_\_\_\_ US Mail

**TRADE REFERENCES: (3 references required)**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**BANK REFERENCE:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Account #: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Contact Number: \_\_\_\_\_

**METALEX TERMS:**

**Net 30**

Customer agrees to pay all cost, including reasonable attorney's fees, incurred by the Company in seeking to collect any past due amount owed by the Customer, unless due to a bona fide dispute regarding the quality of product sold or services rendered. This application is subject to the approval of the Company and shall, if approved, be considered an agreement executed in, and subject to the laws of the State of Illinois and Customer hereby consents to personal jurisdiction before such court.

I, the undersigned, being a duly authorized individual, do hereby authorize Metalex to contact the above stated references for the purpose of obtaining credit information for consideration of this application. I also do hereby authorize our bank to provide limited reference information to Metalex as it pertains to this credit request. I agree to the terms as stated above and state that the information put forth to this application is true and correct.

Signed: \_\_\_\_\_  
 Name Printed: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

**FOR CONTROLLER USE ONLY:**  
 Credit Limit \$ \_\_\_\_\_  
 Date Approved \_\_\_\_\_  
 Controller Approval \_\_\_\_\_  
 Director of Finance \_\_\_\_\_

**FOR ACCOUNTING USE ONLY:**  
 Setup in ERP by \_\_\_\_\_  
 Date setup \_\_\_\_\_  
 Account number \_\_\_\_\_