



1374 Clinton St.
Buffalo, NY 14206

Phone
(716) 827-1100
Fax
(716) 880-1597

Credit Application

Please complete and fax this form, along with a copy of your resale/mfg. tax certificate, to us at your earliest convenience. Sales tax must be charged without receipt of the tax certificate.

COMPANY NAME		DATE	
BILLING ADDRESS		PHONE	
SHIPPING ADDRESS		FAX	
EMAIL	REQUESTED LINE OF CREDIT	SALES CONTACT	
BUSINESS TYPE <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC (LIMITED LIABILITY CO.) <input type="checkbox"/> CORPORATION <input type="checkbox"/> SUBSIDIARY OF		TAX ID NUMBER	
OWNERS OR OFFICERS			
HAS THIS BUSINESS OR ANY OFFICERS OF THIS BUSINESS EVER FILED FOR BANKRUPTCY?			
NAME	TITLE	SOC. SEC. NO.	
NAME	TITLE	SOC. SEC. NO.	
BANK REFERENCE			
BANK NAME		BANK CONTACT	
ADDRESS		PHONE	
BUSINESS REFERENCES: METAL REFERENCES ONLY			
1	NAME	TITLE	PHONE
	ADDRESS		CONTACT
2	NAME	TITLE	PHONE
	ADDRESS		CONTACT
3	NAME	TITLE	PHONE
	ADDRESS		CONTACT
4	NAME	TITLE	PHONE
	ADDRESS		CONTACT

Thank you for taking the time to complete this form. If you have any questions feel free to contact the accounting department. We look forward to doing business with you.

Sincerely,

Terms: 1% 10/NET 30

Debbie Davis

Signature of authorized Officer _____ Title _____ date _____