



Leader and Master in Sheet Metal Fabrication
Thinking Sheet Metal, Think Metro Mechanical
Committed to Quality, Committed to Service
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APPLICATION FOR BUSINESS CREDIT

Bill To:

LEGAL NAME: _____

DBA _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT NAME: _____ Title: _____

PHONE: _____ ext _____ FAX: _____ EMAIL: _____

Ship To:

COMPANY NAME: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

CONTACT NAME: _____ Title: _____

PHONE: _____ ext _____ FAX: _____ EMAIL: _____

FEDERAL ID# _____ DATE BUSINESS STARTED: _____ Years IN BUSINESS? ___ Years

NATURE OF BUSINESS: _____

TYPE OF BUSINESS: Corporation; Partnership; Proprietorship; Individual; Other : _____ (Please circle)

TAX STATUS: ___ NON-EXEMPT ___ TAX-EXEMPT (Please attach tax-exempt certificate with application)

METHOD OF RECEIVING INVOICES AND STATEMENTS: _____ MAIL _____ Email

ACCOUNTS PAYABLE CONTACT NAME: _____ Email: _____

DO YOU REQUIRE PURCHASE ORDER NUMBERS? _____ AMOUNT OF CREDIT NEEDED? _____

CORPORATE OFFICER 1 _____ TITLE: _____ EMAIL: _____

CORPORATE OFFICER 2 _____ TITLE: _____ EMAIL: _____

CREDIT REFERENCES

Attach reference sheet if necessary

CREDIT REFERENCE NAME 1: _____

ADDRESS: _____

CONTACT NAME: _____ TITLE: _____

PHONE: _____ ext _____ FAX: _____ EMAIL: _____

CREDIT REFERENCE NAME 2: _____

ADDRESS: _____

CONTACT NAME: _____ TITLE: _____

PHONE: _____ ext _____ FAX: _____ EMAIL: _____

CREDIT REFERENCE NAME 3: _____

ADDRESS: _____

CONTACT NAME: _____ TITLE: _____

PHONE: _____ ext _____ FAX: _____ EMAIL: _____

BANK (Include Account #): _____

ADDRESS: _____

CONTACT NAME: _____ TITLE: _____

PHONE: _____ ext _____ FAX: _____ EMAIL: _____

TERMS AND CONDITIONS

Applicant's signature attests financial responsibility of applicant's company, in addition to company's ability and willingness to pay for material supplied according to our credit terms which are NET 30 days. Metro Mechanical Supply reserves the right to charge interest for invoices not paid according to these terms at the rate of 1 1/2% per month on the unpaid balance. We also reserve the right to limit or terminate credit if account is not paid according to these terms and conditions.

GENERAL PROVISIONS

This application and the information contained herein is a request for the extension of credit for commercial business use only. The applicant authorizes Metro Mechanical Supply to obtain a written or oral credit report from any credit reporting agency. Applicant further authorizes any bank or commercial business with whom the applicant is doing or has done any type of business to give any and all necessary information to Metro Mechanical Supply which will assist us in its credit investigation. The applicant further authorizes Metro Mechanical Supply to investigate the applicant's credit status from time to time as Metro Mechanical Supply deems necessary. Any changes in legal status must be communicated to Metro Mechanical Supply by certified mail. The original applicant will remain liable until such time as Metro Mechanical Supply has received notice of the change in legal status and been given a reasonable period of time to respond to such notice. Further, should this account be placed for collection the applicant agrees to pay all costs of collection including, but not limited to attorney fees of 25%.

APPLICANT'S SIGNATURE: _____ TITLE: _____

PRINTED NAME: _____ DATE: _____

For Metro Mechanical Supply Office Use:

APPROVED BY _____ CREDIT LIMIT _____ DATE _____