



2317 Meridian Street, Suite 20, Huntsville, AL \* Phone 256-489-7814 \* Fax 866-658-7288

**APPLICATION FOR CREDIT**

**Company Name** \_\_\_\_\_

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_

F.E.I.N. \_\_\_\_\_ -or SS# \_\_\_\_\_ Resale# \_\_\_\_\_ Year Established \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**List three suppliers you have done business with for (1) year or more:**

Company \_\_\_\_\_ Phone \_\_\_\_\_

Contact \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company \_\_\_\_\_ Phone \_\_\_\_\_

Contact \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company \_\_\_\_\_ Phone \_\_\_\_\_

Contact \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Bank** \_\_\_\_\_ Phone \_\_\_\_\_

Contact \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account # \_\_\_\_\_

**PAYMENT TERMS:** ½% ten days net, NET 30 day.

*By my signature I authorize the release of credit/account information to Green Metal USA, LLC.*

*I certify that all the information on this form is correct.*

*I fully understand your credit terms and agree to payment within 30 days of invoice date.*

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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