



15 Salt Creek Lane, Suite 412
Hinsdale, IL 60521
(630) 920-1205
(630) 920-0133 Fax

*****Customer Credit Application*****

THIS CREDIT APPLICATION IS TO BE COMPLETED BY AN AUTHORIZED INDIVIDUAL OF THE CUSTOMER MAKING THE APPLICATION. We suggest you retain a copy of this document for your files. Faxed copies of this form are accepted in order to begin processing the information.

BILLING LOCATION:

Business name _____
Street P/O Box _____
City, State, Zip _____
Phone _____ Fax _____

SHIPPING LOCATION:

Business Name _____
Street P/O Box _____
City, State, Zip _____
Phone _____ Fax _____

Type of Business: (Distributor, Manufacturer etc.) _____

Division of, or affiliated with: _____

Type of Organization: (Corp., Partnership, etc.) _____ In business since: _____

Federal ID Number: _____ Release Number: _____ (Please attach a copy)

Resale Certificate #: _____ (fax copy with application)

Key Personnel:
President: _____
Purchasing agent: _____
Controller: _____
Accounts Payable: _____

TRADE REFERENCES (3 references required)

Name _____
Street P/O Box _____
City, State, Zip _____
Phone _____ Fax _____

Name _____
Street P/O Box _____
City, State, Zip _____
Phone _____ Fax _____

Name _____
Street P/O Box _____
City, State, Zip _____
Phone _____ Fax _____

BANK REFERENCE

Name _____
Street P/O Box _____
City, State, Zip _____
Phone _____ Acct # _____
Bank contact name _____

*** METAL RESOURCES TERMS ARE: NET 30 DAYS ***

I, the undersigned, being a duly authorized individual, do hereby authorize Metal Resources to contact the stated references for the purpose of obtaining credit information for consideration of the application. I also agree to the terms as stated above and state that the information put forth to this application is true and correct.

Signature _____
Above name printed _____
Title _____
Date _____