



ISO 9001:2008 & AS9100 Registered Company
 2615 N. Hendrickson Dr., Kalama, WA 98625

CREDIT APPLICATION

Legal Name Of Business:	
Date Incorporated:	
Years In Business:	
Physical Address:	
President:	
Accounts Payable Contact:	
Phone:	Fax:
EIN. :	Seller's Permit/Resale No.:
Tax Exempt: Yes No	

TYPE:

CORPORATION	CO-PARTNERSHIP	PROPRIETORSHIP	SUBSIDIARY
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AFFILIATED COMPANY OF:

BANK REFERENCES

Bank Name:	Account No.:
Address:	Contact:
Phone:	Fax:

TRADE REFERENCES

*****PLEASE PROVIDE AT LEAST 3 METAL DISTRIBUTORS CURRENTLY USED*****

Name:	Name:
Address:	Address:
Phone:	Phone:
Fax:	FAX
Contact:	Contact:
Name:	Name:
Address:	Address:
Phone:	Phone:
Fax:	Fax:
Contact:	Contact:

I (WE) CERTIFY THAT ALL INFORMATION ON THIS FORM IS TRUE, CORRECT AND COMPLETE. I (WE) HEREBY AUTHORIZE OUR CREDIT REFERENCES TO RELEASE ANY INFORMATION NECESSARY TO ASSIST IN ESTABLISHING A LINE OF CREDIT

Signature Of Officer: _____

Print Name: _____

Title: _____ Date: _____