



# Credit Application

PO Box 73600, Los Angeles, CA 90003 Fax to: 800 999-1223 or email to sales@metcormfg.com

## Name/Address

Last:	First:	Middle Initial:	Title	
Name of Business:			Tax I.D. Number	
Address:				
City:	State:	Zip:	Phone:	

## Company Information

Type of Business:	In Business Since:			
Legal Form Under Which Business Operates:				
Corporation ___		Partnership ___		Proprietorship ___
If Division/Subsidiary, Name of Parent Company:			In Business Since:	
Name of Company Principal Responsible for Business Transactions:			Title:	
Address:	City:	State:	Zip:	Phone:
Name of Company Principal Responsible for Business Transactions:			Title:	
Address:	City:	State:	Zip:	Phone:

## Bank References

Institution Name:	Institution Name:	Institution Name:	
Checking Account #:	Savings Account #:	Home Equity Loan:	Loan Balance:
Address:	Address:	Address:	
Phone:	Phone:	Phone:	

## Trade References

Company:	Company:	Company:
Contact:	Contact:	Contact:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Open Since:	Account Open Since:	Account Open Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date