

APPLICATION FOR CREDIT

NAME OF BUSINESS				
BILLING ADDRESS	CITY / STATE	ZIP CODE		
SHIPPING ADDRESS	CITY / STATE	ZIP CODE		
RECEIVING HOURS				
MAIN PHONE ()	MAIN FAX ()			
A/P CONTACT	_ PHONE ()	FAX ()		
BUYER(S)	_ PHONE ()	FAX ()		
PARENT COMPANY (IF SUBSIDIARY)				
TYPE OF BUSINESS	Y	EAR ESTABLISHED		
BUSINESS IS: CORPORATION	☐ PARTNERSHIP	☐ PROPRIETORSHIP		
PRINCIPAL OFFICERS/OWNERS				
TAX EXEMPT: YES NO TAX EXEMPT NUMBER TAX EXEMPT: EXPIRATION DATE *** (IF YES, PLEASE FURNISH CERTIFICATE OF EXEMPTION) ***				
PLEASE COMPLET	E THIS SECTION FOR MA	ARKETING PURPOSES		
HOW D	ID YOU HEAR ABOUT ACTION	METALS?		
☐ ACTION SALESMAN	☐ REFERRED BY _			
☐ PHONEBOOK / INTERNET	☐ OTHER : PLEASE	E SPECIFY		

SEE NEXT PAGE FOR CREDIT REFERENCES



REFERENCES

BANK NAME	PHONE ()		
ADDRESS	CITY		STATE/ ZIP
CONTACT	ACCT. NUMBER(S)		
PLEASE LIST THE NAME, ADDRESS, PHO	ONE, AND FAX	NUMBER OF I	FOUR TRADE REFERENCES:
1. NAME	3.	NAME	
ADDRESS	ADDRESS		
CITY	CITY		
STATE / ZIP CODE	STATE / ZIP CODE		
PHONE	PHONE		
FAX	FAX		
2. NAME	 4.	NAME	
ADDRESS			
CITY			
STATE / ZIP CODE			
PHONE			
FAX	-		