



CUSTOMER ACCOUNT SETUP FORM

All information on the submitted form will be held in strict confidence and used solely for reference purposes within our company.

* Required

Legal Business Name: * _____ In Business Since (Year): _____

DBA: _____ Number of Employees:* _____

Div/Subsidiary Of: _____ Estimated Annual Sales: _____

Affiliations: _____

Relationship: _____

Purchasing Contact:* _____ Phone:* _____

Title: _____ Fax:* _____

Email: _____

BUSINESS INFORMATION

Business Type (check one):* Corporation Partnership Sole Proprietor Trust or Estate Other (Specify) _____

State of Incorporation:* _____ Year of Incorporation:* _____

SIC Code:* _____

Federal Tax ID Number: * _____ *(Must provide photo copy of Federal Tax ID)

Resale ID: * _____ *(Must provide photo copy of Resale ID)

Dun & Bradstreet No: _____

Billing Address Shipping Address

Address 1:*	_____	Address 1:*	_____
Address 2:	_____	Address 2:	_____
City:*	_____ State:*	City:*	_____ State:*
Zip:*	_____ Country:*	Zip:*	_____ Country:*
Phone:*	_____ Fax:*	Phone:*	_____ Fax:
A/P Contact:	_____	Receiving Contact:	_____
Paperless Billing Contact:	_____		

Materials to be purchased:	_____	Products currently carrying:	_____
	_____		_____
	_____		_____

Payment Terms: _____

Delivery Method: _____

Credit Request Amount: _____

CREDIT REFERENCE _____ Check here if you will fax your own sheet of trade and bank reference lists

Bank Reference Information

Bank: *	_____	Phone:*	_____
Address:	_____	Your Account No:*	_____
City, State, Zip:	_____	Contact:*	_____

Bank: *	_____	Phone:*	_____
Address:	_____	Your Account No:*	_____
City, State, Zip:	_____	Contact:*	_____

Trade Reference Information (At least THREE from whom purchases are made on a direct credit basis)

Company Name:*	_____	Phone:*	_____
Contact:*	_____	Fax:*	_____

Company Name:*	_____	Phone:*	_____
Contact:*	_____	Fax:*	_____

Company Name:*	_____	Phone:*	_____
Contact:*	_____	Fax:*	_____

SIGNATURE

NAME: _____	DATE: _____
PRINT/TYPE APPLICANT'S FORMAL LEGAL NAME	

AUTHORIZED SIGNATURE: _____	TITLE: _____
HAND WRITTEN SIGNATURE	

APPLICANT'S SIGNATURE ABOVE ATTESTS APPLICANT'S FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY MT METAL EXCHANGE INVOICES AS PROVIDED AND AGREEMENT TO THE FOLLOWING: I HAVE READ, UNDERSTAND AND ACCEPT THE ABOVE TERMS AND HAVE PROVIDED TRUE INFORMATION TO THE BEST OF MY KNOWLEDGE. I FURTHER AUTHORIZE MT METAL EXCHANGE TO VERIFY ANY AND/OR ALL REFERENCES GIVEN THAT MAY BE REQUIRED TO DETERMINE OUR CREDIT CAPABILITIES AND TO REQUEST RELEVANT INFORMATION FROM CREDIT REPORT AGENCIES. THIS AGREEMENT WAS MADE IN CITY OF INDUSTRY, CA AND ANY DISPUTE OR LITIGATION RESULTING FROM THESE TRANSACTIONS WILL BE FILED IN THIS JURISDICTION. SHOULD IT BE NECESSARY TO REFER THE ACCOUNT BALANCE TO A LICENSED COLLECTION AGENCY OR ATTORNEY FOR LEGAL ACTION, APPLICANT AGREES TO PAY ALL COSTS OF COLLECTION, ATTORNEY FEES AND COURT COSTS.