



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: * _____
DBA: _____
Div/Subsidiary Of: _____
Affiliations: _____
Relationship: _____
Purchasing Contact:* _____
Title: _____
Email: _____

In Business Since (Year): _____
Number of Employees:* _____
Estimated Annual Sales: _____
Phone:* _____
Fax:* _____

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: _____

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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 THE COUNTY OF LOS ANGELES, 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.