



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:*	City:*
State:*	State:*
Zip:*	Zip:*
Country:*	Country:*
Phone:*	Phone:*
Fax:*	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.