

The Cutting Edge Source
For Your Metal Needs

Please complete the following information and return with your credit application!

Customer Name: _____
Billing Address: _____
City & State: _____ Zip: _____

Phone#: _____
Fax#: _____
Email: _____
Website: _____

Delivery Address: _____
City & State: _____ Zip: _____
Phone#: _____

Contact Person: Purchasing: _____
Phone#: _____
Email: _____

Warehouse: _____
Phone#: _____
Email: _____

ACCEPTABLE SHEET TOLERANCES:

Minimum Skid Wt (lbs): _____ Maximum Skid Wt (lbs): _____ Maximum Skid Height (in.): _____
Width Tolerance: _____ Gauge Tolerance: _____ Length Tolerance: _____
Diagonal Tolerance: _____

ACCEPTABLE SLIT COIL TOLERANCES:

Gauge Tolerance: _____ Width Tolerance: _____
Min / Max I.D. _____ Min / Max O.D. _____ Max Skid Weight (in lbs) _____

****unless otherwise requested, tolerances will be Aluminum Association Standards.**

Please Check Acceptable Method(s) of Unloading Material:

Overhead Crane () Fork Lift Rear () Fork Lift Side () Side Block () OTHER () _____
Eye to Sky () Eye to Side ()

Delivery Appointment Required: YES () NO ()

If YES: Contact Name: _____ Phone#: _____
Email: _____

Receiving Hours & Days: _____ **Certs Required:** Sheet () Coil ()

Special Skid Requirements: _____

Additional Information: _____

****Shipping tolerance is +/- 10% unless otherwise agreed upon.**

***** Basic Metals Inc. payment terms are 1/2% 10 days Net 30.**

Name & Title of Authorized Agent
(Please Print Clearly)

Signature & Date