



Credit Application

Fax Completed Applications to: (262) 345-3187

The Cutting Edge Source
For Your Metal Needs

Firm Name: _____ Phone #: _____
Address: _____ Fax#: _____
City & State: _____ Zip: _____ Email: _____
Website: _____

C-Corp () S-Corp () Partnership () Proprietorship () Other () _____

Year Established: _____ Resale No. _____
Type of Business: _____
Accts Payable Contact: _____ Contact Ph.#: _____
Contact Email: _____

Principal Officers (Name & Title):

OTHER LOCATIONS:

Name: _____ Name: _____
Address: _____ Address: _____
City & State: _____ City & State: _____

TRADE REFERENCES: (Provide only the names of those you buy from on an open account)

Firm Name: _____ Phone #: _____
Address: _____ Fax#: _____
City & State: _____ Zip: _____ Contact Email: _____

Firm Name: _____ Phone #: _____
Address: _____ Fax#: _____
City & State: _____ Zip: _____ Contact Email: _____

Firm Name: _____ Phone #: _____
Address: _____ Fax#: _____
City & State: _____ Zip: _____ Contact Email: _____

BANK REFERENCE:

Bank Name: _____ Account #: _____
City & State: _____ Zip: _____
Bank Contact: _____ Email: _____
Contact Ph#.: _____ Fax#: _____

Basic Metals, Inc. terms of sale are 1/2% 10 Net 30 Days.

I hereby authorize the bank and trade references listed above to release any information, requested by Basic Metals, Inc., necessary to investigate our payment practices in order to establish a line of credit. We understand and accept the terms of sale with Basic Metals, Inc. as stated above on this credit application.

Name & Title of Authorized Agent
(Please Print Clearly)

Signature & Date