



The Convenience Stores For Metal®

Customer Application for Credit

Instructions: Please complete this form and email it to MSEIaccounting@metalsupermarkets.com

The undersigned, for the purposes of obtaining credit now and hereafter, herewith submits to Metal Supermarkets Enterprises Inc. (MSEI) for their reliance thereon the following information which is complete, accurate and truthful. In the event of any material change in this information, the undersigned promises to immediately notify MSEI.

COMPANY INFORMATION

Business Name _____ Date _____

Assumed Name (DBA) _____

Phone Number (____) _____ - _____ Fax Number (____) _____ - _____

Mailing Address
Address _____

Shipping Address
Address _____

City _____

City _____

State _____ Zip _____

State _____ Zip _____

Type of Enterprise: Sole Proprietor _____ Partnership _____ Corporation _____
Limited Liability Company _____ Other (Please specify) _____

Year Business Started: _____ State of Formation _____ Federal Tax Identification
Number _____ Sales Tax Identification Number _____

Sales Tax Exempt _____ Yes _____ No (If Yes, Exempt Certificate must be provided
with this form)

COMPANY CONTACTS

Purchasing _____ Phone _____ Fax _____

Email _____

Accounts Payable _____ Phone _____

Fax _____ Email _____

Purchase Orders Required? YES NO

Statements as well as invoices will be emailed to you unless you request otherwise by checking this box



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TRADE REFERENCES (or attach list)

1) Business _____ Contact Name _____

Phone _____ Email _____

2) Business _____ Contact Name _____

Phone _____ Email _____

3) Business _____ Contact Name _____

Phone _____ Email _____

BANK REFERENCE

Name of bank and branch _____

Address, City, State & Zip _____

Telephone _____ Contact _____

Account # _____

CREDIT REQUESTED

Amount of Credit Requested _____ Estimated Monthly Purchases _____

BANKRUPTCY

Has any Bankruptcy Petition or Assignment for the Benefit of Creditors ever been filed against you or any of your owners, officers, or directors?

____ No ____ Yes (If Yes, provide details below)



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Contact Person Requesting Credit (Please Print) _____

The undersigned agrees to pay their account within the terms of sale set forth on each invoice. The undersigned grants permission to obtain credit reports, or other information, from trade creditors and/or banks. Applicant further authorizes trade creditors and/or banks to release information.

Authorized Signature _____ Title _____

Name (Please Print) _____