

6951 W. Little York - Houston, TX 77040 Phone: (713) 466-7310 - Fax: (713) 896-0289 Sales Representative

Date Submitted

APPLICATION FOR CREDIT / CUSTOMER SETUP FORM

COMPANY INFORMATION (Completed by Sales

Company Legal Name						
Main Phone No.	Main Fax No.		Company V	Company Website		
Key Map Location/Code	Type of Business		SIC Code			
Billing Address		City		State	Zip	
Physical Address 🔲 Same as Billing		City		State	Zip	
Shipping to Address or 🔲 WI	LL CALL	City		State	Zip	

CONTACT INFORMATION (Completed by Sales Rep.)				
	Î			
Purchasing Contact	Direct Phone	Email		
Accounting Contact	Direct Phone	Email		
Owner or Officer	Direct Phone	Email		

ORDER INFORMATION (Completed by Applicant.)							
Amount of Pending Order: \$	Estimated Annu	al Purchase: \$					
- FOR CREDIT ABOVE \$50,00	00, CURRENT FINANCIAL STA	FEMENTS MUST ACC	OMPANY APPLICA	TION -			
Describe Product/Service Procure							
How did you hear about us?: O Sales Ca	all 🔘 Mailer 🔘	Internet O	Yellow Pages	0	Personal Referral		
Who referred you?	C	Other					
PAYMENT TERMS (Net Terms Required	from Management)						
Credit Card Cash on Delivery	Company Check	O _{Net:}	at	\$			
Visa OMasterCard OAMEX O	Discover /Card#			Expr:			
Card issued to	Card iss	sued by					

In the event of any amount owed by Applicant being past due more than 60 days or otherwise in default of payment, then Applicant grants Source Metals, Inc. the right and privilege to collect from, receive payment by and apply such amount past due against the credit card above identified. Any such payments will be deemed made when such card issuing company has made final credit to such card and final collection by Source Metals, Inc. has occurred.

BANKING INFORMATION	(Completed by Ap	plicant.)						
Bank Reference:			Account No					
Bank Officer	Direct Phone N	No.	Ва	nk Fax No.				
Bank Address		City		State		Zip		
TRADE REFERENCE INFO	RMATION (Co	mpleted by						
1st Reference Company Name	Account No.		Co	ntact Person				
Main Phone No.	Main Fax No.		Co	mpany Website				
Billing Address		City		State		Zip		
2nd Reference Company Name	Account No.		Co	ntact Person				
Main Phone No.	hone No. Main Fax No.		Company Website					
Billing Address		City		State		Zip		
3rd Reference Company Name	Account No.		Co	ntact Person				
Main Phone No.	Main Fax No.		Co	mpany Website				
Billing Address		City		State		Zip		
RELEASE OF INFORMATI	ON (Completed by	/ Applicant.)						
The officers/owner(s) of said comp information is warranted to be true authorize you to contact the refer addition, as partial consideration for which represents the legal maximum	e and correct. To ences given abover the approval of e	induce you to ve (including o our credit, we	accept our our bank to agree to pay	credit for purchas obtain sufficient a a service charge	es under and satisf of 1.5%	your credit sa actory credit in per month (or l	les terms, we nformation. In esser amount	
Signati	Ire				Date			

Signature

Full Name