

Markham Metals Inc

2 Jewel Dr - Wilmington, MA 10887

Phone# 978-658-1121 Fax# 978-658-8883

CREDIT APPLICATION

Company Name: _____

Contact: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Shipping Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ FAX: _____

E-mail: _____

Type of Business: _____ In Business Since: _____

Form of Business: Corporation LLC Partnership Sole Proprietor

Is a purchase Order required? _____

Name of individual with authorization: _____

If it is to be a blanket PO, please list the number and expiration date.

Number _____ Expiration Date _____

To whose attention should invoices be sent? _____

Is your work taxable? _____ If not, please attach signed certificate and list your tax exempt or resellers' number: _____

If you wish to pay by credit card, please provide information below:

VISA Card Number _____ Exp. Date _____

Master Card Number _____ Exp. Date _____

American Express Card Number _____ Exp. Date _____

Bank References (please list name and address of local banks):

Trade References (Please list name, address, phone number, and account number of three steel/aluminum references. Do not list credit cards.)

Our terms are net 30 days. Accounts not paid in this time frame will be charge 1.5% interest rate per month and future orders will be on a C.O.D. basis until the account is current. Should collection or legal action be required to collect past dues, fees for such action will be added to your account.

Print Name: _____ Title: _____

Signed by: _____ Date: _____