



# New Customer Application for Credit

22029 70th Ave. South, Kent, WA 98032

Tel: 253-395-1835 Email: kent@metalsupermarkets.com

The Convenience Stores For Metal™

The undersigned for the purposes of obtaining credit now and hereafter, herewith submit to Metal Supermarkets for their reliance thereon the following presentations which are complete, accurate and truthful. In the event of any substantial change in the following representations, the undersigned, promises to immediately notify Metal Supermarkets.

**Business Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mailing Address:		Shipping Address:	
P.O. Box _____		Suite # _____	
Street _____		Street _____	
City _____		City _____	
State _____ Zip _____		State _____ Zip _____	

### Company Contacts:

Purchasing: \_\_\_\_\_ Accounts Payable \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**Purchase Orders Required?** (Circle one)      **YES**                      **NO**

**EMAIL ADDRESS FOR INVOICES:** \_\_\_\_\_

TRADE REFERENCES: (or attach own list)

- 1 \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_
- 2 \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_
- 3 \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person Requesting Credit (Please Print) \_\_\_\_\_

The undersigned agrees to pay their account within the terms of sale as stated upon each invoice. If any amounts due are not paid within said period, purchase agrees to pay a service charge of 1% per month (12% per annum). In any action to collect delinquent debt to Metal Supermarkets, the undersigned hereby agrees to pay all costs and expenses, including reasonable attorneys fees plus all court and attendant collection costs. Venue of any action shall lie in King County, Washington.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

**THIS CREDIT APPLICATION MUST BE SIGNED BY APPLICANT IN ORDER TO GRANT CREDIT**