

Customer Application for Credit

Southern Aluminum Finishing Company, Inc

Name of Company: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Delivery Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____ Fax Number: (____) _____

Nature of Business: _____ When was business established? _____

Purchasing Agent: _____ Accounts payable contact: _____

If payment remitted from a location other than the billing address above, please indicated name, address, and phone number:

Bank Reference: _____ Account Number: _____

Banking Officer: _____ Phone Number: (____) _____

Business References: please use references who will give information by phone

1) _____ Phone Number: (____) _____

2) _____ Phone Number: (____) _____

3) _____ Phone Number: (____) _____

Purchase Order Required? ____ Tax Exempt? ____ Tax Number: _____

Reason for Exemption: _____

The applicant agrees to abide by our credit terms and pay invoices within 30 days. Statements are not issued. Please remit by invoice. Date: _____

Name of Officer: _____ Signature: _____

