



# Application for Open Account

Name of Firm: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Street Address and/or Building: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Year Established: \_\_\_\_\_ Is Business Incorporated?: \_\_\_\_\_

<u>Officers/Owners Name &amp; Title</u>	<u>Social Security Number</u>
1. _____	_____
2. _____	_____

Bank Name and Address: \_\_\_\_\_

\_\_\_\_\_

Bank Account Numbers: \_\_\_\_\_

Names of Authorized Buyers: \_\_\_\_\_

\_\_\_\_\_

Amount of Credit Requested: \_\_\_\_\_

Sales Tax Permit Number: \_\_\_\_\_ Federal I.D. Number: \_\_\_\_\_

TRADE REFERENCES (Complete name, address, phone and fax numbers)

1. \_\_\_\_\_

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

2. \_\_\_\_\_

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

3. \_\_\_\_\_

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

I/We the undersigned, acknowledge that the information supplied on this application is true, accurate, and complete. We authorize M&O Metals, Inc. to verify all credit and financial information provided by contacting individuals, banks, companies and credit reporting agencies. We agree to pay all invoices in accordance with the terms of sales shown on such invoice and statements provided, and if invoices are not paid as agreed, then such past due balances will be considered delinquent. Delinquency may result in finance charges being assessed at 1.5% per month, 18% per year, or the highest amount allowed by law.

Officer Name (type or print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_