

# CREDIT APPLICATION



**Company Legal Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**D.B.A.:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Billing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Type of Business:**  LLC  Corporation  Partnership  Individual  Proprietorship  
**U.S. Federal Tax ID:** \_\_\_\_\_ **D-U-N-S Number:** \_\_\_\_\_ **Years in Business:** \_\_\_\_\_  
**Tax Exempt:**  Yes  No **Exemption #:** \_\_\_\_\_ *\*Tax Exempt Certificate &*  
**Accounts Payable Email:** \_\_\_\_\_ *W-9/HST/GST Forms must*  
**True Service Rep.:** \_\_\_\_\_ *accompany credit application\**

## TRADE REFERENCES

**Company Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Contact:** \_\_\_\_\_  
**Billing Address:** \_\_\_\_\_ **Fax or Email:** \_\_\_\_\_  
**Company Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Contact:** \_\_\_\_\_  
**Billing Address:** \_\_\_\_\_ **Fax or Email:** \_\_\_\_\_  
**Company Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Contact:** \_\_\_\_\_  
**Billing Address:** \_\_\_\_\_ **Fax or Email:** \_\_\_\_\_

## BANK REFERENCE

**Bank Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Billing Address:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Line of Credit:**  Yes  No **Balance:** \_\_\_\_\_  
**Account Number:** \_\_\_\_\_  Checking  Savings

## AGREEMENT

**Applicant agrees that extension of credit by seller shall be subject to and in consideration of the following:**

1. Terms are that which are stated on the invoices. All amounts are due in accordance with said stated terms.
2. Finance charge is as follows: 1.5% per month service charge will apply to unpaid balance after 30 days.
3. Should it be necessary to assign the account balance to a licensed collection agency or attorney for legal action, all subsequent collection charges and legal fees shall be paid by the applicant.
4. The undersigned agrees to the terms and conditions stated herein.
5. The undersigned hereby authorizes the above mentioned banks and companies to release the information requested by True Metal Supply.

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_  
**Authorized Representative Signature**

\_\_\_\_\_  
**Title**

Internal Use Only | Submitted By: \_\_\_\_\_ True Service Rep: \_\_\_\_\_

Please email completed application to [ar@truemetalsupply.com](mailto:ar@truemetalsupply.com)

**THANK YOU FOR PARTNERING WITH TRUE**

True Metal Supply | 1745 Louisville Drive Knoxville, TN 37921 | [truemetalsupply.com](http://truemetalsupply.com) | (865) 224-3055