



CUSTOMER ACCOUNT SETUP FORM

All information on the submitted form will be held in strict confidence and used solely for reference purposes within our company.

* Required

Legal Business Name: *	_____	In Business Since (Year):	_____
DBA:	_____	Number of Employees:*	_____
Div/Subsidiary Of:	_____	Estimated Annual Sales:	_____
Affiliations:	_____		
Relationship:	_____		
Purchasing Contact:*	_____	Phone:*	_____
Title:	_____	Fax:*	_____
Email:	_____		

Business Information

Business Type (check one):*	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	State of Incorporation:*	_____	Year of Incorporation:*	_____
	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Trust or Estate	SIC Code:*	_____		
	<input type="checkbox"/> Other (Specify)	_____				
Federal Tax ID Number: *	_____	*(Must provide photo copy of Federal Tax ID)				
Resale ID: *	_____	*(Must provide photo copy of Resale ID)				
Dun & Bradstreet No:	_____					

Billing Address		Shipping Address	
Address 1:*	_____	Address 1:*	_____
Address 2:	_____	Address 2:	_____
City:*	_____ State:*	City:*	_____ State:*
Zip:*	_____ Country:*	Zip:*	_____ Country:*
Phone:*	_____ Fax:*	Phone:*	_____ Fax:
A/P Contact:	_____	Receiving Contact:	_____
Paperless Billing Contact:	_____		
Materials to be purchased:	Products currently carrying:		
_____	_____		
_____	_____		
_____	_____		
Payment Terms:	_____		
Delivery Method:	_____		



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Credit Reference

____ Check here if you will fax your own sheet of trade and bank reference lists

Bank Reference Information

Bank: * _____
Address: _____
City, State, Zip: _____

Phone: * _____
Your Account No: * _____
Contact: * _____

Bank: * _____
Address: _____
City, State, Zip: _____

Phone: * _____
Your Account No: * _____
Contact: * _____

Trade Reference Information (At least THREE from whom purchases are made on a direct credit basis)

Company Name: * _____
Contact: * _____

Phone: * _____
Fax: * _____

Company Name: * _____
Contact: * _____

Phone: * _____
Fax: * _____

Company Name: * _____
Contact: * _____

Phone: * _____
Fax: * _____

Signature

NAME: _____
PRINT/TYPE APPLICANT'S FORMAL LEGAL NAME

DATE: _____

AUTHORIZED SIGNATURE: _____
HAND WRITTEN SIGNATURE

TITLE: _____

APPLICANT'S SIGNATURE ABOVE ATTESTS APPLICANT'S FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY MT METAL EXCHANGE INVOICES AS PROVIDED AND AGREEMENT TO THE FOLLOWING: I HAVE READ, UNDERSTAND AND ACCEPT THE ABOVE TERMS AND HAVE PROVIDED TRUE INFORMATION TO THE BEST OF MY KNOWLEDGE. I FURTHER AUTHORIZE MT METAL EXCHANGE TO VERIFY ANY AND/OR ALL REFERENCES GIVEN THAT MAY BE REQUIRED TO DETERMINE OUR CREDIT CAPABILITIES AND TO REQUEST RELEVANT INFORMATION FROM CREDIT REPORT AGENCIES. THIS AGREEMENT WAS MADE IN THE COUNTY OF LOS ANGELES, CA AND ANY DISPUTE OR LITIGATION RESULTING FROM THESE TRANSACTIONS WILL BE FILED IN THIS JURISDICTION. SHOULD IT BE NECESSARY TO REFER THE ACCOUNT BALANCE TO A LICENSED COLLECTION AGENCY OR ATTORNEY FOR LEGAL ACTION, APPLICANT AGREES TO PAY ALL COSTS OF COLLECTION, ATTORNEY FEES AND COURT COSTS.