

# Big R Metals Credit Application

## CONTACT INFORMATION

YOUR NAME	TITLE
EMAIL	PHONE

## BUSINESS INFORMATION AS REGISTERED

COMPANY NAME			
ADDRESS		PHONE	
CITY	STATE	ZIP CODE	
LENGTH OF TIME AT CURRENT ADDRESS: _____ YEARS _____ MONTHS			
TYPE OF BUSINESS : SOLE PROPRIETORSHIP   PARTNERSHIP   LLC   CORPORTATION   OTHER			

## BANK INFORMATION

BANK NAME		CONTACT NAME	
ADDRESS		PHONE	
CITY	STATE	ZIP CODE	
TYPE OF ACCOUNT	ACCOUNT NUMBER		
SAVINGS			
CHECKING			
OTHER			

## BUSINESS REFERENCES

Please provide us at least three other companies your business has established credit with previously

1   COMPANY		CONTACT NAME	
PHONE		EMAIL	
ADDRESS		TITLE	
CITY	STATE	ZIP CODE	
COMMENTS			

2   COMPANY		CONTACT NAME	
PHONE		EMAIL	
ADDRESS		TITLE	
CITY	STATE	ZIP CODE	
COMMENTS			



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BUSINESS REFERENCES	
Continued from previous page ...	

3   COMPANY		CONTACT NAME	
PHONE		EMAIL	
ADDRESS		TITLE	
CITY	STATE	ZIP CODE	
COMMENTS			

4   COMPANY		CONTACT NAME	
PHONE		EMAIL	
ADDRESS		TITLE	
CITY	STATE	ZIP CODE	
COMMENTS			

CREDIT AGREEMENT	
1   All invoices must be paid within 30 days of the date issued	
2   Any claims regarding an invoice issued must be made within 7 days of the date issued	
3   You authorize inquiry into the banking and business references provided within this application	

COMPANY REPRESENTATIVES	
1   SIGNATURE	TITLE
NAME	DATE

2   SIGNATURE	TITLE
NAME	DATE




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