



APPLICATION FOR CREDIT

Application date: _____ Our standard credit line terms are **NET30 Days** upon approval

Firm Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Accounts Payable Contact Name: _____ Email: _____

(choose one) Individual Ownership: _____ Partnership: _____ Corporation: _____

Date of Incorporation or operation began: _____ Type of business: _____

Principal's Name: *(to be held in strictest of confidence)*

Name: _____ Title: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Trade references: (for quicker approval please include email addresses)

Business Name	Complete Address	Phone Number	Email
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Bank Name: _____ Account Number: _____

Bank Phone Number: _____ Bank Contact: _____

Applicants signature attests financial responsibility, ability, and willingness to pay all invoices in accordance with our terms. The above information is for purpose of obtaining credit and is warranted and true. I hereby authorize 1st American Sheet Metal to investigate the references and financial institution listed pertaining to my/our credit and financial responsibility.

Signature: _____ Title: _____ Date: _____

(must be a Principal signature)

Please return completed application along with resale certificate (if non-taxable) to Doug Moore at Fax: 702-565-8343 or Email: doug@aslv.net

657 Middlegate Road, Henderson, NV 89011 Office: 702-916-3313 Fax: 702-565-8343

Email: doug@1stamericansheetmetal.net