

2991 NW NORTH RIVER DRIVE MIAMI, FL 33142 305-634-2111 SALES@CRMETALS.NET

CREDIT APPLICATION

DATE:	MONTHLY AMOUNT:	
COMPANY NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
TELEPHONE NUMBER:		FAX NUMBER:
EMAIL ADDRESS:		
YEAR BUSINESS STARTED: CC	ORPLLC	PARTNERSHIP
TYPE OF BUSINESS:		
PRINCIPALS: NAME:	TIT	LE:
NAME:	тіт	LE:
CONTACT PERSON: PURCHASING:		
PURCHASING EMAIL:		
ACCOUNTS PAYABLE:		
ACCOUNTS PAYABLE EMAIL:		
TRADE REFERENCES: COMPLETE ADDRESS	S AND EMAIL REQU	JIRED <u>(3 REFERENCES REQUIRED-EMAIL)</u>
1-COMPANY NAME		
ACCOUNT #		
ADDRESS		
PHONE NUMBER		
EMAIL		



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2- COMPANY NAME
ACCOUNT #
ADDRESS
PHONE NUMBER
EMAIL
3- COMPANY NAME
ACCOUNT #
ADDRESS
PHONE NUMBER
EMAIL
BANK INFORMATION: BANKS NAME ACCOUNT # BANK CONTACT
PHONE NUMBER
ADDRESS
TAX EXEMPT OR RESALE NUMBER: COPY OF TAX CERTIFICATE REQUIRED PURCHASE ORDERS REQUIRED: YES NO
AUTHORIZED SIGNATURE: TITLE

(C & R POLICY: ALL ACCOUNTS ARE NET 30. C & R METALS WILL APPLY A 1 ½% FEE FOR ANY UNPAID BALANCE ON ACCOUNTS AFTER 30 DAYS FROM DATE OF INVOICE. C & R METALS HOLDS THE RIGHT TO CLOSE AN ACCOUNT FOR REPEATED LATE PAYMENT OR RETURNED CHECKS.)