



Confidential Credit Application

Sales Territory _____

Legal Company Name			Telephone No.		
DBA/Trade Style			Fax No.		
Billing Address			Shipping Address		
City	State	ZIP	City	State	ZIP
County			Tax Exempt: <input type="checkbox"/> No <input type="checkbox"/> Yes (Certificate MUST be attached)		
Type of Business			Date Established		
Type of Ownership (Check one): <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC			State of Incorporation		
Principle or Owner(s)			Accounts Payable Contact		
Estimated annual purchases from Phoenix Metals: \$					

Billing Preference (Select one):

Mail to billing address above	Fax No:	Email:
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Trade References (MUST include metal suppliers)

Company Name	1.	2.	3.	4.
Telephone No.				
Fax No.				

Bank References

Bank Name	Contact
Telephone No.	Account No.

Delivery Information

Receiving Hours	Maximum Skid Weight
Unloading Instructions: <input type="checkbox"/> Forklift <input type="checkbox"/> Overhead Crane <input type="checkbox"/> From Side <input type="checkbox"/> From Rear	
Coil Position	Special Instructions

The applicant authorizes Phoenix Metals to obtain a Credit Report from any commercial business or financial institution with whom the applicant is doing or has done business to give any and all necessary information to the creditor that will assist in the investigation. The applicant further authorizes the creditor to reinvestigate the applicant's credit status from time to time as the creditor deems necessary. Application **MUST** be signed to be processed. If credit is extended, applicant agrees to pay all debts incurred within the terms of sale.

Applicant Signature	Date
Printed Applicant Name	Title

**Remit to: P.O. Box 932589
Atlanta, GA 31193-2589**

**Telephone: 770-447-4211
Fax: 770-246-8168**