



Custom Rolled<sup>®</sup> Aluminum Coil **Since 1915**

## Credit Application

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New Customer: To apply for a credit account, please complete this application and fax to the United Aluminum Credit Department: (203) 239-4441

All information is held in confidence. If you have tax exempt status, please attach the appropriate tax exempt certificates.

### Company

Company Name \_\_\_\_\_ Corporation  
Legal Name DBA Partnership  
Proprietorship (check one)

Telephone \_\_\_\_\_ Fax No. \_\_\_\_\_

Type of Business \_\_\_\_\_ SIC \_\_\_\_\_ Years in Business \_\_\_\_\_

Name	Title	Phone Extension
1) _____	President/Principal(s)	_____
2) _____	Finance or A/P Manager	_____
3) _____	Purchasing Contact	_____

### Addresses

Ship to \_\_\_\_\_  
\_\_\_\_\_

Invoice to \_\_\_\_\_  
\_\_\_\_\_

### Finance References

Bank Name \_\_\_\_\_ Account No. \_\_\_\_\_

Street/POB \_\_\_\_\_ Telephone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Fax # \_\_\_\_\_

Contact Name/Title \_\_\_\_\_



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### *Trade References*

1) Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Street/POB \_\_\_\_\_ Fax # \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Contact Name/Title \_\_\_\_\_

2) Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Street/POB \_\_\_\_\_ Fax # \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Contact Name/Title \_\_\_\_\_

3) Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Street/POB \_\_\_\_\_ Fax # \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Contact Name/Title \_\_\_\_\_

I (we) certify that the above information is correct and true.  
I (we) authorize you to contact the references provided above.

Authorized by \_\_\_\_\_  
officer signature \_\_\_\_\_  
date

United Aluminum Standard Terms are Net 30 days from Invoice Date

\*\* Optional: Please attach your latest financial statement

