

Custom Rolled [©] Aluminum Coil Since 1915

Credit Application

New Customer: To apply for a credit account, please complete this application, save, and email to the United Aluminum Credit Department: accountingar@unitedaluminum.com. All information is held in confidence. If you have tax exempt status, please attach the appropriate tax exempt certificates.

Company

		Corporation Partnership	
Company Name		Proprietorship (check one)	
Legal Name	DBA		
lelephone	Fax No		
Type of Business	SIC	Years in Business	
Name	Title	Phone Extension	
1)	President/Prin	cipal(s)	
2)	Finance or A/F	Finance or A/P Manager	
3)	Purchasing Co	Purchasing Contact	
Addresses			
Ship to			
Invoice to			
Finance References			
Bank Name	Account No	Account No	
Street/POB	Telepho	Telephone	
City, State, Zip	Fax	<#	
	Contact Name/Ti	tle	



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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