



Custom Rolled[®] Aluminum Coil **Since 1915**

Credit Application

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

Dun & Bradstreet Number (D-U-N-S) (If available:) _____
BankName _____ Account No. _____
Street/POB _____ Telephone _____
City, State, Zip _____ Fax # _____
Contact Name/Title _____ Email _____



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Trade References

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

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

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

The undersigned confirms he/she is authorized to sign this application on behalf of the applicant and authorizes United Aluminum to investigate the information and references submitted pertaining to the applicant's credit and financial responsibility. Applicant authorizes the release of all information needed to verify the contents of this application, including but not limited to contacting third parties concerning the creditworthiness of the applicant.

Authorized by _____
signature

Officer Name _____ date _____

United Aluminum Standard Terms are Net 30 days from Invoice Date

** Optional: Please attach your latest financial statement

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