



SHEET METAL SUPPLY LTD.

DATE: \_\_\_\_\_

### SMS CREDIT APPLICATION

Company Name: \_\_\_\_\_ Year Est: \_\_\_\_\_

Check one:  Corporation  Partnership  Sole Proprieter

Company Address(City, ST, Zip): \_\_\_\_\_

Co. Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Website: \_\_\_\_\_

Owner: \_\_\_\_\_ CELL: \_\_\_\_\_ Email: \_\_\_\_\_

Accounts Mgr: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Main Buyer: \_\_\_\_\_ CELL: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Method of Invoice Delivery?  EMAIL or  MAIL

Preferred Method of Payment?  CASH  Check  VISA  Mastercard

Requested Terms: \_\_\_\_\_ Requested Credit Limit: \_\_\_\_\_

**REFERENCES --- Please Include BOTH Email and Fax Numbers.**

BANK Name: \_\_\_\_\_ Address: \_\_\_\_\_

Bank Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

Account # \_\_\_\_\_ Email: \_\_\_\_\_

**LIST 3 SUPPLIERS YOU HAVE DONE BUSINESS WITH FOR ONE YEAR OR MORE**

Company: \_\_\_\_\_ Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax #: \_\_\_\_\_

Company: \_\_\_\_\_ Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax #: \_\_\_\_\_

Company: \_\_\_\_\_ Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax #: \_\_\_\_\_

**AUTHORIZATION:**

**By my signature below, I authorize the release of credit/account information to Sheet Metal Supply LTD. I certify that all the information on this form is correct. I fully understand your terms, the Binding Sales Agreement and agree to invoice terms extended by Sheet Metal Supply LTD. after review.**

SIGNED: \_\_\_\_\_ TITLE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please return signed, completed Application and Binding Sales Agreement to:  
FAX: 847-478-9500 or E-MAIL: lisa@sheetmetalsupplyltd.com**

**FOR OFFICE USE ONLY**

TERMS: \_\_\_\_\_ LIMIT: \_\_\_\_\_