



DATE: _____

150 Pine Street | Grayslake, IL 60030

P: 847.478.8500

SMS CREDIT APPLICATION

Company Name: _____ Year Est: _____

Check one: Corporation Partnership Sole Proprieter

Company Address(City, ST, Zip): _____

Main Phone: _____ Website: _____

Owner: _____ CELL: _____ Email: _____

Main Buyer: _____ CELL: _____ Email: _____

Accounts Receivable Contact Name: _____

Accounts Receivable Phone Number: _____

Preferred Email to Receive Invoices: _____

Available Payment Options: Check, Visa, Master Card, American Express or ACH
We accept American Express, Visa and Mastercard.
Note: there is a 3% finance charge added to all credit card purchases.
If you pay with a debit card, there is no finance charge.

Requested Terms: _____ Requested Credit Limit: _____

REFERENCES --- Please Include Email addresses

BANK Name: _____ Address: _____

Bank Contact: _____ Phone: _____

Account # _____ Email: _____

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

Company: _____ Address: _____
Contact: _____ Title: _____ Phone: _____
Email: _____

Company: _____ Address: _____
Contact: _____ Title: _____ Phone: _____
Email: _____

Company: _____ Address: _____
Contact: _____ Title: _____ Phone: _____
Email: _____

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: _____ E-MAIL:
april@sheetmetalsupplyltd.com

FOR OFFICE USE ONLY

TERMS: _____ LIMIT: _____