



SHEET METAL SUPPLY LTD.

DATE: _____

D&B#: _____

FEIN: _____

SMS CREDIT APPLICATION

Company Name: _____

Year Est: _____

Check one: ☐ Corporation ☐ Partnership ☐ Sole Proprietor

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: _____

Sales Tax Exempt? _____

(YES or NO)

If YES, please attach a copy of the exempt certificate

Requested Terms: _____ Requested Credit Limit: _____

4 TRADE SUPPLIER REFERENCES THE COMPANY HAS DONE BUSINESS WITH AT LEAST 1 YEAR WITH REVOLVING CREDIT--- Please Include Email addresses

Company: _____ Address: _____

Contact: _____ Title: _____ Phone: _____

Email: _____

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 Terms of Sale 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 Terms of Sale Agreement to:

E-MAIL: donna@sheetmetalsupplyltd.com