



Credit Application

Name of Firm or Individual:				Years in Business:	
Billing Address:				Federal ID#:	
City:	State:	Zip:	County:	Dun & Bradstreet #:	
Phone #:			Type of Ownership:		
Shipping Address:			<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability (LLC) <input type="checkbox"/> Corporation		
			Are you a subsidiary? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Name and address of Parent Company		
City:	State:	Zip Code:	County:	Purchase order required Yes <input type="checkbox"/> No <input type="checkbox"/>	
Nature of Business:				Company Website:	
Are you sales tax exempt?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, State Tax Exempt ID# Please Attach copy of license and prepare exemption certificate.	
BANK REFERENCE					
Name of Bank:				Bank Officer Name:	
Address:				Checking Account # (Required):	
City:	State:	Zip Code:	Phone # (Required):		
			Email:		
TRADE REFERENCES: (UNSECURED TRADE CREDITORS ONLY. (FINANCE AND FUEL COMPANIES ARE NOT ACCEPTABLE).					
Company name:			Account #:		
Address:					
City:		State:		ZIP Code:	
Phone:			E- mail:		
Company name:			Account #:		
Address:					
City:		State:		ZIP Code:	
Phone:			E- mail:		
Company name:			Account #:		
Address:					
City:		State:		ZIP Code:	
Phone:			E- mail:		
FINANCIAL STATEMENTS ARE REQUIRED FOR CONSIDERATION IF IN BUSINESS 3 YEARS OR LESS OR INITIAL ORDER OR AVERAGE ACCOUNT BALANCE IS EXPECTED TO EQUAL OR EXCEED \$10,000.00					

Please estimate your anticipated monthly volume of business with us:

\$ _____

Credit Limit Requested:

\$ _____

COMPANY CONTACT INFORMATION:

Accounts Payable Name	Phone #	Email Contact: Email Invoices:
Purchasing Manager Name	Phone #	Email
Controller / C. F.O. Name	Phone #	Email
President / C.E.O. Name	Phone #	Email

Authorizations and Terms of Agreement:

Terms: Invoices are due and payable 30 days from invoice date. Accounts not paid when due may be subject to a service charge of 1 1/2% interest on any outstanding balance per month (18 % per annum) and may be subject to C.O.D. status and other credit restrictions.

I, (We) do hereby give full authorization to Merritt Aluminum Products Company to verify and receive credit references, initially and at such intervals as deemed necessary. I (We) certify that the above information is correct; and that I, (we) fully understand the terms as defined above and agree to the proper payment in consideration of extended credit. I, (We) agree to pay service charges on past due accounts at the rate stated above, plus all costs of collection, including reasonable attorney fees, and I, (we) fully understand that this application is executed at 1011 14th Street, Fort Lupton, Colorado 80621.

Note: Incomplete or unsigned applications will not be processed.

Signature of Officer or Principal

Title

Printed Name

Date

BELOW THIS LINE FOR INTERNAL USE ONLY

SALES CONTACT NAME: _____

DATE RECEIVED: _____

**Merritt Aluminum Products Company is incorporated
1011 14th Street, Fort Lupton, CO 80621 303-287-3275**