



Credit Application

Business Name (Purchaser)	Billing Address	City	State	Zip
	Shipping Address	City	State	Zip
	Phone#	Fax#	**County**	

Name of Accounts Payable Contact	Title	Email Address
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State & Year Incorporated	Years in Business	D/B/A	Federal I.D. #
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Credit Line Requested _____ Tax Exempt? Yes No If Yes, attach exemption certificate

Has the firm or any of its principals ever been bankrupt? _____ If yes, please explain _____

If you are interested in emailed invoices email address: _____
: _____

ENTITY TYPE: Corporation Partnership LLC Individual/Proprietorship

OWNERSHIP

Name: _____ Address: _____

Title: _____ Telephone: _____

Name: _____ Address: _____

Title: _____ Telephone: _____

TRADE REFERENCES

Acct Receivable Contact: _____ Telephone: _____ Fax:/ Email: _____

Name: _____ Address: _____

Acct Receivable Contact: _____ Telephone: _____ Fax:/ Email: _____

Name: _____ Address: _____

Acct Receivable Contact: _____ Telephone: _____ Fax:/ Email: _____

THREE LARGEST CUSTOMERS

1) _____ 2) _____ 3) _____

BANK REFERENCE

Name: _____ Address: _____

Account#: _____ Telephone: _____

The undersigned officer/owner of the company, as an inducement to grant credit, warrants that the information submitted is true and correct and hereby authorizes Rescued Metals to investigate the credit reference(s) listed above. He/she agrees to all terms and conditions referenced on our packing slips/invoices as well as on our website at <http://www.RescuedMetals.com>. Should it be necessary, he/she agrees to pay any collection costs incurred to collect the account balance, including reasonable attorney's fees.

Please Note: Payment terms are net 30 days.

CREDIT CANNOT BE EXTENDED UNTIL THIS FORM IS COMPLETED AND VERIFIED

X _____
Corporate Officer/ LLC Member / Partner / Owner

Please EMAIL to:
Credit@RescuedMetals.com

Title Date