

METAL PLUS LLC

metalplusllc.com

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APPLICATION TO ESTABLISH ACCOUNT

General Information:

Business Trade Name (DBA) _____ Date _____
Address _____
City _____ State _____ Zip Code _____
Telephone Number () _____ Fax Number () _____

Business Information:

___ Sole Prop. ___ Partnership ___ Corp.: State and Date of Incorporation _____

Requested Credit Line \$ _____ Federal Tax ID _____
President/CFO _____ Telephone No. () _____
Purchasing _____ Telephone No. () _____
Accts. Payable _____ Telephone No. () _____

Bank Information:

Name of Bank _____ Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Telephone Number () _____ Fax Number () _____
Number of years with bank _____ Account Number _____

Trade References:

Name of reference _____ Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Telephone Number () _____ Fax Number () _____

Name of reference _____ Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Telephone Number () _____ Fax Number () _____

Name of reference _____ Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Telephone Number () _____ Fax Number () _____

This form completed by: _____
(name) (title) (date)