

# CREDIT APPLICATION



Please fill out the form and email it to [acct@metaldecking.com](mailto:acct@metaldecking.com) or fax it to 713-991-4747.

## Company Contact Information

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Company Name\*:  
Street Address\*:  
City\*:  
State\*:  
Zip Code\*:  
Billing Address (if different):  
City:  
State:  
Zip Code:  
Contact First Name\*:  
Contact Last Name\*:  
Email\*:  
Phone\*:  
Fax:  
Cell:  
Payables First Name:  
Payables Last Name:  
Payables Phone:  
Federal ID# or EIN\*:  
General Nature of Business\*:  
Type of Business\*:  
State of Incorporation\*:  
Date of Incorporation\* (mo/day/year):

## Officers, Partners Names and Titles\*

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Name:	Title:
Name:	Title:
Name:	Title:

## Credit/Tax Information

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Amount of credit requesting\*:  
At what percent tax rate is your business taxable\*:

*Please attach tax certificate together with this pdf (if applicable)\**

\* required fields

**References**

Trade References *(Please provide 3 references.)*

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Company Name*:	Account No.:
Address:	
Phone:	Email:

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Company Name*:	Account No.:
Address:	
Phone:	Email:

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Company Name*:	Account No.:
Address:	
Phone:	Email:

**Bank References**

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Name of Your Bank*:		
Bank Contact First Name*:	Bank Contact Last Name*:	
Street Address*:		
City*:	State*:	Zip Code*:
Bank Phone*:		

**Authorization**

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Communication Authorization*:	CSM has our permission to communicate via fax/email transmissions.
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Signature\*:

**Form Submitted By**

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First Name*:	Last Name*:
Title*:	
Date* (mo/day/year):	

\* required fields

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