

Date: _____



CREDIT APPLICATION

Metro Welding Supply Corporation
12620 Southfield
Detroit, MI 48223
Phone (313) 834-1660
Fax (313) 835-3562



*****Please Complete and Return via Fax or E-Mail*****
****Attn: Pat (313)835-3562 or Pat@metrowelding.com****

APPLICATION INFORMATION

Company Name: _____ Trade Style _____

Address: _____

City, State, Zip: _____

Full Name of Owner(s) or Authorized Officer, Home address, and Zip code:					
Please Check One:	Individual	Partnership	Corporation	LLC	Federal Tax I.D.:

Additional Information Required For Conditional Sales Contracts Under The Uniform Commercial Code

Debtor (Individual Signing Contract): _____ Title: _____

Debtor's Social Security Number (for partnership or individual): _____

Type of Business:		Date Started:	
Estimated Annual Sales:			
Trade Reference Name:		Address, Phone & Fax Number:	

Name of Bank: _____ Phone Number: _____

Street Address: _____ City: _____ State: _____

All statements made herein are true and accurate to the best of our knowledge. We authorize the above company to make any and all inquiries necessary for action on this credit application. We hereby indemnify the above company and its agents, from any liability resulting from their credit survey.

Authorized Signature: _____

Authorized Name Printed: _____