



SUPPLY

FABRICATON

COATING

## New Account Application

Thank you for your interest in opening a Line of Credit with our Company.

If you are requesting credit above \$5,000.00 please provide your Financial Statement. Please make sure all information is filled out, including fax numbers to your vendors.

Please return your completed application to [izgalloway@industrialmaterial.com](mailto:izgalloway@industrialmaterial.com) or fax it to 409-744-8577

Attn: Jennifer Galloway

I will begin working on your application as soon as I receive it back. Please allow 3 business days to process.

Please let me know if you have any questions or concerns. We are here to help.

Sincerely,

Jennifer Galloway  
Credit Manager



Date: \_\_\_\_\_

Salesman: \_\_\_\_\_

1. Legal Name of Company/Individual: \_\_\_\_\_

2. Telephone Number(s) \_\_\_\_\_

3. Company Website: \_\_\_\_\_

4. Billing Address:

4. Ship to Address:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Are you wanting to increase your line of credit? \_\_\_\_\_

Requested Amount: \_\_\_\_\_

6. Is Your Company Dun & Bradstreet Listed? \_\_\_\_\_ # \_\_\_\_\_ Rating? \_\_\_\_\_

NAIC# \_\_\_\_\_

7. Bank Reference:

Name of Bank \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Loan Officer \_\_\_\_\_

Acct. No. \_\_\_\_\_ Acct. Type \_\_\_\_\_



8. Business References

Please list company names, telephone and fax numbers

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_



9. Does your company use purchase orders? \_\_\_\_\_

10. Persons authorized to sign on your account (if more, attach):

_____	_____
_____	_____
_____	_____

11. Accounts Payable Contact

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

12. Would you like your invoices and statements emailed? \_\_\_\_\_

13. Are your purchases tax exempt? \_\_\_\_\_

If yes, please attach a signed resale/exemption certificate. Do not send copy of sales tax permit.

14. Tax ID # \_\_\_\_\_



15. Authorization:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein Terms are **Net 30 Days** or as agreed upon. The undersigned agrees to pay all costs of collection or costs of attempting to collect delinquent payments, including a reasonable attorney's fee, whether the same is collected through suit or otherwise

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_