



Customer Application for Credit
Southern Aluminum Finishing Co., Inc.

Name of Company ("Credit Applicant"): _____

Physical Address: _____ City: _____ State: _____ Zip Code: _____

Mailing/Billing Address: _____ City: _____ State: _____ Zip Code: _____

Business Phone: (____) _____ Business Email: _____

Nature of Business & Date Established: _____ Industry/SIC Code _____

P.O. Required: (circle) Yes / No Tax Exempt: (circle) Yes / No Tax #: _____

****If you are sales tax exempt, please attach exemption certificate****

Purchasing Agent: _____ Phone: _____ E-mail: _____

Accounts payable contact: _____ Phone: _____ E-mail: _____

If payment remitted from a location other than the billing address above, please indicate name, address, and phone number: _____

Owner/Officer/Partners:

Name _____ Title: _____ Phone: _____ E-mail: _____

Name _____ Title: _____ Phone: _____ E-mail: _____

Name _____ Title: _____ Phone: _____ E-mail: _____

Bank Reference(s): _____ Account Number(s): _____

Banking Officer(s): _____ Phone Number(s): _____

Business References: please use references who will give information by phone

1) _____ (P) _____ (E-mail) _____

2) _____ (P) _____ (E-mail) _____

3) _____ (P) _____ (E-mail) _____

The applicant agrees to abide by our terms and conditions and pay invoices within 30 days. Applicant further agrees to pay all collection fees, court costs and attorney's fees if account is past due and placed with an attorney or a collection agency. Statements are not issued. Remit by invoice.

Name of Officer: _____ Signature: _____

Title: _____ Date: _____