



U.S. Metals, Inc. Credit Application for a Business Account

BUSINESS CONTACT INFORMATION

Primary Contact Name:

Company Name:

Telephone:

Fax:

E-mail:

Registered Company Address:

City:

State:

Zip Code:

Date Business Commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

BUSINESS AND CREDIT INFORMATION

Primary Business Address:

City:

State:

ZIP Code:

How long at current address?

Is this your "Ship To" Address: Yes or No

Telephone:

Fax:

E-mail:

Ship To Business Address: (If Different From Primary Address)

City:

State:

ZIP Code:

Bank Name:

Bank address:

Telephone:

City:

State:

ZIP Code:

Type of account:

Account number

Checking

Savings

Other

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize U.S. Metals, Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:

Date:

Title:

Date: