

METAL PARTNERS INC.  
PO BOX 856  
RAMSEY, NJ 07446  
201 – 760- 9222 FAX 201-760-9799

APPLICATION FOR CREDIT

CONFIDENTIAL

Please complete the following in detail

**Billing & Business Information**

DATE \_\_\_\_\_

BUSINESS/CORPORATE NAME \_\_\_\_\_

d/b/a or (trade style) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City State Zip

City State Zip

TELEPHONE NUMBER \_\_\_\_\_

PARENT COMPANY \_\_\_\_\_  
\_\_\_\_\_

**Company Profile**

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Limited Partnership \_\_\_\_\_ Franchise \_\_\_\_\_

Date you started business or assumed control \_\_\_\_\_

Nature/Type of Business \_\_\_\_\_

Officers or Principals:

\_\_\_\_\_  
Name Title Residence SS#

\_\_\_\_\_  
Name Title Residence SS#

\_\_\_\_\_  
Name Title Residence SS#

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Has Corporation been registered with the Secretary of State? \_\_\_\_\_

What State \_\_\_\_\_ Date of Filing \_\_\_\_\_

**Credit References:**

Media/Trade References:

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Name	Street	City	State	Zip	Ph.	Acct.#
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Name	Street	City	State	Zip	Ph.	Acct.#
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Name	Street	City	State	Zip	Ph.	Acct.#
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**BANK REFERENCES:**

C–Checking      S–Savings      M–Mortgage/Loan      CPD–Charge

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Name	Street	City	State	Zip	Ph.	Acct.#
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Name	Street	City	State	Zip	Ph.	Acct.#
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I certify that the information provided in the application is true and correct. I hereby authorize the release of credit information requested relevant to the above account.

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Signature of Officer	Title	Date
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