



Confidential Credit Application

Sales Territory _____

Legal Company Name		Telephone No.
DBA/Trade style		Fax No.
Address (Billing)	Address (Shipping)	
City, State, ZIP Code	City, State, ZIP Code	
County	Tax Exempt <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, Certificate MUST be attached)	
Type of Business	Date Established	
Type of Ownership (Check One) <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC		State of Incorporation
Principle or Owner(s)	Accounts Payable Contact	
Estimated Annual Purchases from Reliance Metalcenter		\$

Billing Preference (Select One)

<input type="checkbox"/> Mail to above-referenced address	<input type="checkbox"/> Fax #:	<input type="checkbox"/> Email Address:
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**Trade References
(MUST include Metal Suppliers)**

Name of Company	1.	2.	3.	4.
Phone No.				
Fax No.				

Bank References

Bank Name	Contact
Telephone No.	Account No.

Delivery Information

Receiving Hours	Maximum Skid Weight
Unloading Instructions: <input type="checkbox"/> Forklift <input type="checkbox"/> Overhead Crane <input type="checkbox"/> From Side <input type="checkbox"/> From Rear	
Coil Position	Special Instructions

The applicant authorizes Reliance Metalcenter to obtain a Credit Report from any commercial business or financial institution with whom the applicant is doing or has done business to give any and all necessary information to the creditor that will assist in the investigation. The applicant further authorizes the creditor to reinvestigate the applicant's credit status from time to time as the creditor deems necessary. Application **MUST** be signed to be processed. If credit is extended, applicant agrees to pay all debts incurred within the terms of sale.

Applicant Signature Date

Printed Applicant Name Title

**Remit to: P.O. Box 206627
Dallas, Texas 75320-6627**

**Phone: (770) 447-4211
FAX: (770) 246-8168
(Revised 3/11)**