



**Metal Supermarkets- Bridgeview**

9012 S. Thomas Ave  
Bridgeview, IL 60455  
Tel: (708) 599-8605  
Fax: (708) 599-8606

**CREDIT APPLICATION**

Please E-mail or Fax completed application to our credit team at Bridgeview@Metalsupermarkets.com -or- Fax: 708-599-8606

COMPLETE BUSINESS NAME: \_\_\_\_\_

DOING BUSINESS AS: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

SHIPPING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_

COMPANY TYPE: Corporation  Partnership  LLC

TYPE OF BUSINESS: \_\_\_\_\_

ESTIMATED MONTHLY STEEL PURCHASES: \$ \_\_\_\_\_

DATE OF ESTABLISHMENT: \_\_\_\_\_ STATE: \_\_\_\_\_ FEDERAL TAX ID: \_\_\_\_\_

COMPANY OWNER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PRINCIPLE NAME: \_\_\_\_\_ Title: \_\_\_\_\_

PRINCIPLE NAME: \_\_\_\_\_ Title: \_\_\_\_\_

ACCOUNT PAYABLE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_

RECEIVE INVOICES VIA: Regular Mail  Email

PURCHASING CONTACT: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_

ADDITIONAL CONTACTS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_

SALES TAX EXEMPT: Yes  No   
(If yes, attach Exempt Certificate of Resale Certificate)

PURCHASE ORDER MANDATORY: Yes  No

**TRADE REFERENCES: (Required)**

	Company Name	Phone Number	Fax Number
1			
2			
3			
4			

**BANK NAME:** \_\_\_\_\_ **CONTACT:** \_\_\_\_\_  
**ACCOUNT NUMBER:** \_\_\_\_\_ **TYPE OF ACCOUNT:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_  
**TELEPHONE:** ( \_\_\_\_\_ ) \_\_\_\_\_ **FAX** ( \_\_\_\_\_ ) \_\_\_\_\_

**CREDIT TERMS**

1. The applicant certifies that all information in this credit application is true and correct, and consents to the obtaining of credit and other information as may be used any time in connection to the customer account hereby applied for and to the disclosures of any credit information concerning the applicant and its principles.
2. The applicant agrees to the terms of service (Net 30) unless otherwise agreed upon in written form. A late charge of 1.5% per month will be charged for all outstanding balance. A service charge of \$25 will be billed for each check returned by our bank for any reason.
3. In the event the account is turned over to an attorney or other agency for collection, or suit is brought on same, or same is collected through any judicial proceedings whatsoever, applicant shall pay all reasonable attorney's fees and court costs incurred by METAL SUPERMARKETS.

The undersigned has read and accepts the above credit terms and conditions.

**OFFICER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**PRINT NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

***PERSONAL GUARANTEE***

The undersigned agrees to act as personal guarantor and co-signor to this agreement for all debts both now and in the future for all monies owed by the Company, Persons, or Corporations who have signed this credit application and who have been extended credit both now and in the future. Guarantor recognizes, understands, and agrees that this guarantee cannot be revoked or rescinded if any balance remains owed and outstanding to the Vendor and Guarantor hereby waived their subrogation or recovery rights.

**GUARANTOR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_