

Credit Application Form



17030 Westfield Park Road
P.O. Box 292
Westfield, Indiana 46074
PH 317.896.3555 FX 317.867.2000
metricsealsinc.com•info@metricsealsinc.com

Date:

Billing Address

Company:	<input type="text"/>
Address:	<input type="text"/>
City:	<input type="text"/>
State/Province:	<input type="text"/>
Zip/Postal Code:	<input type="text"/>
Phone:	<input type="text"/>

Federal I.D. Number:

Tax Exempt Number:

How do you want your Invoices sent:

- Fax E-mail Postal Mail

Please provide your Fax Number or E-mail Address if you choose to have it sent via fax or e-mail.

Fax Number:

E-Mail Address:

Shipping Address Same as Above

Company:	<input type="text"/>
Address:	<input type="text"/>
City:	<input type="text"/>
State/Province:	<input type="text"/>
Zip/Postal Code:	<input type="text"/>
Phone:	<input type="text"/>

Three Credit References

Company Name	Address, City, State and Zip Code	Phone	Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Authorized By: