

METRIC SEALS, INC. CREDIT APPLICATION

CONTACT INFORMATION	
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YOUR NAME:	TITLE:
EMAIL:	PHONE:

BUSINESS INFORMATION (BILLING ADDRESS)			
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COMPANY NAME:			
ADDRESS:		PHONE:	
CITY:	STATE:	ZIP CODE:	
TYPE OF BUSINESS : SOLE PROPRIETORSHIP PARTNERSHIP LLC CORPORTATION			

BUSINESS INFORMATION (SHIPPING ADDRESS)			
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COMPANY NAME (IF DIFFERENT FROM ABOVE):			
ADDRESS:		PHONE:	
CITY:	STATE:	ZIP CODE:	

BUSINESS REFERENCES

Please provide us at least three other companies your business has established credit with previously

1 COMPANY:		CONTACT NAME:	
PHONE:		EMAIL:	
ADDRESS:		TITLE:	
CITY:	STATE:	ZIP CODE:	
COMMENTS			

2 COMPANY:		CONTACT NAME:	
PHONE:		EMAIL:	
ADDRESS:		TITLE:	
CITY:	STATE:	ZIP CODE:	
COMMENTS:			

3 COMPANY:		CONTACT NAME:	
PHONE:		EMAIL:	
ADDRESS:		TITLE:	
CITY:	STATE:	ZIP CODE:	
COMMENTS:			

METRIC SEALS, INC. CREDIT APPLICATION

TAX INFORMATION
FEDERAL I.D. NUMBER:
ST-105 (INDIANA ONLY):
INVOICE DELIVERY
EMAIL:
FAX:
POSTAL MAIL:(if different from billing address)

CREDIT AGREEMENT
1 All invoices must be paid within 30 days of the date issued 2 Any claims regarding an invoice issued must be made within 7 days of the date issued 3 You authorize inquiry into the business references provided within this application

COMPANY REPRESENTATIVE	
SIGNATURE:	TITLE:
NAME:	DATE:

NOTES & COMMENTS



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