



## Credit Application

New Customer: To apply for a credit account, please complete this application and fax to the United Aluminum Credit Department: (203) 239-4441  
 All information is held in confidence. If you have tax exempt status, please attach the appropriate tax exempt certificates.

### Company

Corporation  
 Partnership  
 Proprietorship (check one)

Company Name \_\_\_\_\_  
Legal Name DBA

Telephone \_\_\_\_\_ Fax No. \_\_\_\_\_

Type of Business \_\_\_\_\_ SIC \_\_\_\_\_ Years in Business \_\_\_\_\_

Title	Name	Email	Phone & Ext
1) President/Principal(s)	_____	_____	_____
2) Finance or A/P Manager	_____	_____	_____
3) Purchasing Contact	_____	_____	_____

### Addresses

Ship to \_\_\_\_\_

\_\_\_\_\_

Invoice to \_\_\_\_\_

\_\_\_\_\_

### Finance References

Bank Name \_\_\_\_\_ Account No. \_\_\_\_\_

Street/POB \_\_\_\_\_ Telephone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Fax # \_\_\_\_\_

Contact Name/Title \_\_\_\_\_ Email \_\_\_\_\_



## Trade References

1) Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Street/POB \_\_\_\_\_ Fax # \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_  
Contact Name/Title \_\_\_\_\_

2) Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Street/POB \_\_\_\_\_ Fax # \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_  
Contact Name/Title \_\_\_\_\_

3) Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Street/POB \_\_\_\_\_ Fax # \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_  
Contact Name/Title \_\_\_\_\_

I (we) certify that the above information is correct and true.  
I (we) authorize you to contact the references provided above.

Authorized by \_\_\_\_\_  
Officer signature date

United Aluminum Standard Terms are Net 30 days from Invoice Date

\*\* Optional: Please attach your latest financial statement