



Custom Rolled[®] Aluminum Coil **Since 1915**

Trade References

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

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

3) Company Name _____ Telephone _____
Street/POB _____ Fax # _____
City, State, Zip _____ 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

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