



# APPLICATION FOR CREDIT

58 KLEMA DRIVE NORTH - REYNOLDSBURG, OH 43068  
PHONE - 740.927.3633 FAX 866.618.7064 TOLL FREE 800.828.1510  
EMAIL: CREDIT@DMIMETALS.COM

COMPANY NAME \_\_\_\_\_ DATE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_ BUSINESS TYPE -  
 Sole Proprietorship  
 Partnership  
 Corporation (In State Of) \_\_\_\_\_

ACCOUNTS PAYABLE EMAIL ADDRESS \_\_\_\_\_ PREFERRED INVOICING METHOD \_\_\_\_\_

AUTHORIZED P.O. NAME \_\_\_\_\_ ACCOUNTS PAYABLE CONTACT \_\_\_\_\_

## OWNER/OFFICERS OR PARTNERS

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

## BANK REFERENCE

BANK NAME \_\_\_\_\_ OFFICER/CONTACT \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## VENDOR REFERENCES

COMPANY NAME \_\_\_\_\_ EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

THE ABOVE INFORMATION IS HERewith SUBMITTED FOR THE PURPOSE OF OPENING AN ACCOUNT  
AND I DO HEREBY CERTIFY THIS INFORMATION TO BE TRUE.

OFFICER SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_