

CUSTOM CUT ALUMINUM, INC.

P.O. BOX 1010 • SALEM, OHIO 44460

1-800-322-8845 • FAX (866) 337-0087 • Email general@customcut.com

The following is submitted as a basis for establishing an open account with Custom Cut Aluminum. We hereby authorize any of the references given herein to release information regarding our credit history to Custom Cut Aluminum.

Customer Name _____

Street Address _____

City _____ State _____ Zip Code _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____

Type of Organization: Corporation Partnership Proprietorship

Year Started in Business: _____

Has your company ever declared bankruptcy, been the subject of collection action, or are you pending litigation: Yes No

Names of Officers, Partners or Principals Title Residence Address

Purchases Exempt from Sales Tax: Yes No

If tax exempt, please complete the sales tax exemption form and return with this application.

Bank Reference:
Principal Commercial Bank _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Account Number _____

Name of Bank Officer to Contact _____

Trade References (From whom purchases have been made on open account during the past year.)

1. _____ Phone Number _____

Street Address _____ City, State & Zip _____

Fax Number _____ Person to Contact _____

2. _____ Phone Number _____

Street Address _____ City, State & Zip _____

Fax Number _____ Person to Contact _____

3. _____ Phone Number _____

Street Address _____ City, State & Zip _____

Fax Number _____ Person to Contact _____

4. _____ Phone Number _____

Street Address _____ City, State & Zip _____

Fax Number _____ Person to Contact _____

In consideration of any extension of credit granted to us by Custom Cut Aluminum, we hereby agree to execute and be bound by the following terms & conditions.

1. To pay for all materials and services supplied to us within 30 days of their invoice date.
2. To pay interest on any balance unpaid after 30 days at the rate of 1.5% per month on the unpaid principal balance.
3. In the event it becomes necessary to place our account with an agency or attorney for collection, we agree to pay all costs of collection including court costs and reasonable attorney's fees.

Signature _____ Title _____ Date _____