



2155 W. Lincolnway Valparaiso, IN 46385

&

1724 Roosevelt Rd. IN 46218

800-686-3753 fax: 219-462-6929

APPLICATION FOR CREDIT

Company Name _____

Address _____ city _____ state _____

Zip code _____ Phone# _____ fax# _____

Resale or Tax ID# _____ please attach a copy of resale form with application

Owner/ CEO name _____ Acct payable contact _____

TRADE REFERENCES

Name: _____ Contact _____

Address _____ City _____ State _____

Zip Code _____ Phone# _____ Fax# _____

Name: _____ Contact _____

Address _____ City _____ State _____

Zip Code _____ Phone# _____ Fax# _____

Name: _____ Contact _____

Address _____ City _____ State _____

Zip Code _____ Phone# _____ Fax# _____

Credit terms: Invoices are due and payable 30 days from date of original invoice. Outstanding balances will be subject to finance charges. Accounts that are over 60 days old, will be put on hold and become a C.O.D. account until full balance is received. We reserve the right to cancel credit to any customer at any time. In signing this form you agree to, and are bound to the credit terms.

Signature _____ Date _____

Name _____ Title _____

FAX APPLICATION BACK TO US AT 219.462.6929

OR SCAN AND EMAIL TO: new.accounts@metroautorecyclers.com