

Firm Legal Name:	Trade Name:
Street Address:	Mailing Address:
City/State/Zip:	City/State/Zip:
Contact Name:	Phone:
Accounting Fax:	Sales Fax:
Accounting Email:	Sales Email:

How do you wish to receive your invoices? Email Fax US Postal Service

Please provide email address for invoices: _____

Is business a: Corporation Partnership Individual

Date business started: _____

Full name of Owner/Officers:

Tax Exempt: Yes No **Please submit exemption certificate with application**

Credit References (Complete address and Phone numbers required):

Banks

Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone:	Phone:
Fax/Email:	Fax/Email:
Account#:	Account#:

Suppliers

Name:	Acct. #:	Name:	Acct. #:
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Phone:		Phone:	
Fax/Email:		Fax/Email:	

Name:	Acct. #:	Name:	Acct. #:
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Phone:		Phone:	
Fax/Email:		Fax/Email:	

Signature below verifies that the applicant hereby requests open account status, authorizes normal inquiries needed to evaluate this request. We certify that all information on this form is correct. We agree to the terms and conditions granted by the seller's credit department.

Signature: _____ Title: _____ Date: _____

To establish credit or update credit information, we authorize

to provide account balances, loan information, and other pertinent information to Petersen Aluminum Corporation.

Company Name: _____

Authorized signature: _____

Title: _____

Date: _____