



BRADDOCK METALLURGICAL INC.

QUALITY METAL TREATING



CUSTOMER PROFILE

RETURN TO YOUR SERVICE FACILITY BY FAXING TO:

__ JAX 904-741-4813 __ GA 404-355-0512 __ TPA 813-672-2372 __ NJ 732-356-2080 __ BOYNTON BEACH 561-622-2316 __ DAYTONA 386-898-0056

Please fill out this form in its entirety, whether or not you attach a reference sheet. Missing information will delay or prevent the processing of your credit application.

COMPANY INFORMATION

Name: _____ Address: _____

City/State/Zip: _____ Phone: (____) _____ Fax: (____) _____

FEIN: _____ Tax Exempt? __yes __no (please attach a copy of your Resale Cert if tax exemption checked)

Applicant is: (check one)

Sole Proprietorship__ Partnership __ Gen __LTD __ Corporation Division, Subsidiary, or Branch _____

DBAS: List all names under which your company does business (attach a list if more room is needed)

INVOICES ARE SENT BY E-MAIL. Please provide a valid AP email address in addition to the company's physical billing address.

Email Address: _____ Street/City/State/Zip(if different than above): _____

TRADE REFERENCES (please note: all credit references are verified by **fax**. Be sure to provide a current fax number.)

Name: _____ Phone: _____ Fax: _____

Name: _____ Phone: _____ Fax: _____

Name: _____ Phone: _____ Fax: _____

BANK REFERENCE (GIVE YOUR PRIMARY BANK)

Name: _____ Fax: (____) _____

Address: _____ City/State: _____ Zip: _____

Bank Officer: _____ Checking Acct# _____

****IF TAX EXEMPT PLEASE FAX RESALE CERTIFICATE ALONG WITH THIS APPLICATION****

AUTHORIZATION TO CHECK CREDIT

MUST BE SIGNED BY A PRINCIPAL OF THE CREDIT APPLICANT OR A PERSONAL GUARANTOR OF ITS OBLIGATIONS

I hereby certify that the information in this credit application is true and correct. I authorize the bank and trade references listed in this credit application to release the information necessary to assist Braddock Metallurgical, Inc. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual/s identified in the above application.

Signature: _____ Print: _____

Title: _____ Date: _____