

**CREDIT APPLICATION**  
**CUSTOM METAL ROOFING, INC.**

Company Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**TYPE OF ACCOUNT BEING APPLIED FOR:**

NET 30

DUE UPON RECEIPT

**PROFESSIONAL TRADE REFERENCES:**

(Companies with whom you do business)

1. \_\_\_\_\_

Contact E-mail

2. \_\_\_\_\_

Contact E-mail

3. \_\_\_\_\_

Contact E-mail

**DOCUMENTATION NEEDED:**

Copy of Driver's License

Tax Exemption Form (if applicable)

*If this account is being established as a DBA, Partnership, Corporation, in the name of a Corporation or Limited Liability Company, the Undersigned agrees to be personally responsible for payment of the balance due, in the event the account goes unpaid. The Undersigned also agrees to reimburse Custom Metal Roofing, Inc. for any collection cost incurred. In the event this is signed by more than one company representative, each agrees to join and several liability.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Printed Name

E-mail completed form & documentation needed to [ar@bmmetals.com](mailto:ar@bmmetals.com)