



Rev: 05102016  
 1775 Logan Ave  
 PO Box 599  
 Youngstown, Ohio 44501-0599  
 Phone: (330) 740-8246  
 Fax: (330) 740-8229

**CREDIT APPLICATION**

Sales Representative: \_\_\_\_\_

Credit Limit Requested: \$ \_\_\_\_\_

**COMPANY INFORMATION**

Name \_\_\_\_\_  
 DBA Name \_\_\_\_\_  
 Billing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
 Website: \_\_\_\_\_

Sales Tax Exempt? Yes  No   
 If yes, exemption number \_\_\_\_\_  
 (Please attach copy of exemption certificate)  
 Years in business \_\_\_\_\_  
 Nature of business \_\_\_\_\_

**If a subsidiary, please list parent company information**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Corporation   
 Partnership   
 Proprietorship

Dun's No. \_\_\_\_\_ Rating \_\_\_\_\_  
 If required, will you submit financial statements?  
 Yes  No

**Please list principals, partners, and corporate officers'**

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Name \_\_\_\_\_ Title \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Name \_\_\_\_\_ Title \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Any prior purchases from Commercial Metal Forming?  
 Yes  No

**Please supply accounting contact information**

Controller Name \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_  
 Accounts Pay. Name \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_

Email \_\_\_\_\_  
 Fax: ( ) \_\_\_\_\_  
 Email \_\_\_\_\_  
 Fax: ( ) \_\_\_\_\_

**TRADE REFERENCES**

If a list of references is already prepared, please attach.

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
 Email \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
 Email \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
 Email \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
 Email \_\_\_\_\_

**BANK REFERENCES**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
 Email \_\_\_\_\_  
 Account Number \_\_\_\_\_

Name of Bank \_\_\_\_\_  
 Amount of credit line \$ \_\_\_\_\_  
 Type of account: Checking  Savings

May CMF contact the above bank?  Yes  No

**We certify that all of the information on this form is correct. We fully understand the credit terms of 1/2% 10; Net 30 and agree to comply with them in consideration of CMF's extension of credit. We also understand that failure to pay within terms may result in the withholding of future shipments and/or interest charges on overdue amounts. Finally, we authorize Commercial Metal Forming to investigate our Credit worthiness through Trade References and Credit agencies, such as Dun & Bradstreet, Experian, TRW or any other source they choose to utilize.**

Printed Name of Authorized Company Representative: \_\_\_\_\_

Signature of Authorized Company Representative: \_\_\_\_\_ Date \_\_\_\_\_

Please forward completed and signed Credit Application via email to [credit@cmforming.com](mailto:credit@cmforming.com) or via fax to: 330.740.8599