



APPROVED SHEET METAL, LLC

31 Sagamore Park Rd ♦ Hudson, NH 03051 ♦ Phone: 603-883-1510

CREDIT APPLICATION

Name of Customer: _____ **Date:** ____ / ____ / ____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Physical Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ - _____ - _____ **SSN/FEIN:** _____

Type of Ownership: Corp Partnership Sole Prop LLC

Principles: (List all Officers and/or Owners)

Name: _____ **Title:** _____

Name: _____ **Title:** _____

Name: _____ **Title:** _____

Name: _____ **Title:** _____

Financial Information

Bank Name: _____ **Account #:** _____

Phone: _____ - _____ - _____ **Bank Contact:** _____



Trade References

Name: _____ **Phone:** _____ - _____ - _____

Address: _____ **Email:** _____

Name: _____ **Phone:** _____ - _____ - _____

Address: _____ **Email:** _____

Name: _____ **Phone:** _____ - _____ - _____

Address: _____ **Email:** _____

Business Information

Date Business Established: _____ **Type of Business:** _____

DUNS # _____

Purchased Order Required: Yes No

Account Payable Contact Name: _____

Account Payable Email: _____

ASM payment terms are Net 30 days unless otherwise specified. Interest will be charged at 1.5% per month on all past due account balances. I hereby agree to the terms and conditions and certify that the information provided is true and correct. I authorize the investigation of all statements contained herein and the references listed above.

I also understand and agree to pay all charges incurred for parts and services, and that I will be responsible for any court, attorney or other fees associated with collection if my account becomes past due.

Signed: _____

Date: ____ / ____ / ____

Printed Name: _____

Title: _____