



Metropolitan Gravel Co., Inc.
CREDIT APPLICATION
 Fax # 651-458-1168

Company Name

Billing Address: _____
 City: _____ State: _____ Zip: _____

Shipping Address

City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____

Type of Business: _____ Years at present location: _____
 Federal ID Number: _____ Years in business: _____

Type of Organization

- Private Corporation Partnership Public Corporation
 Individual Other _____

Principals

Name	Position	Home Address	Phone #

Bank Reference

Bank	Address	Phone #	Account #

Trade References (Minimum of 3)

Name	Address	Phone #	Fax #

Accounts Payable Contact: _____

Will Account Be Tax Exempt: Yes No

Purchase Order Number Required: Yes No

Need Monthly Statement: Yes No

In making this application for credit, the customer agrees to pay all invoices within 30 days from date of invoice.

Signature _____ Title: _____ Date: _____

OFFICE USE ONLY

Credit limit \$:	Account Number:
Date approved:	CR Number:
Signature:	Discount: