

CREDIT APPLICATION

Applicant Business Name:				NAICS Number:	
Address:				DUNS Number:	
City, State, Zip:				Date Started:	
Federal ID#				Phone:	
Tax Exempt # (Please attach IRS Tax Exempt Affirmation Letter)				er) Fax:	
				() Other (specify)	
A/P Contact Name: Phone: Email:					
Billing Preference () Mail () Fax to: () Email to:					
	Name	Address		Phone	
Owners and	Name	Address		Phone	
Officers	Name	Address		Phone	
Trade References	1. Company Name Contact Name & Title				
	City & State	Phone		Email	
	2. Company Name Contact Name & Title				
	City & State	Phone	Email		
	3. Company Name Contact Name & Title				
Bank	City & State	Phone	Email		
	1. Bank Name	City & State	Phone	Acct.#	
References	2. Bank Name	City & State	Phone	Acct.#	
By signing below, the above-named Applicant gives authorization to USALCO, LLC and its officers, employees and agents to contact and make inquiry to bank and credit references listed on this application to obtain information for the purpose of extending and updating credit. The Applicant hereby authorizes each of the references named herein to release to USALCO, LLC and its officers, employees and agents any information requested pertaining to the Applicant's accounts, business practices, and credit history. By submitting this application to USALCO, LLC, the above-named Applicant hereby certifies that all the information contained herein is complete, true, and accurate. Unless otherwise expressly agreed in writing, USALCO's Standard Terms and Conditions of Sales shall apply to all orders extended under credit.					
By: Date:					
Print Name:		Title	Title:		
Please attached a copy of Applicant's current Financial Statement & email to insidesales@usalco.com or fax to 410-918-2240					
		OFFICE USE	ONLY		
Sales Representative: Account Number:					
Credit Limit: \$		Tax Exemp	Tax Exempt Attached: Y / N Tax Code:		
Approval Signature:		Date:	•		