

DIAMOND METALS

DISTRIBUTION

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NEW ACCOUNT CREDIT APPLICATION

Company Name: _____
Street Address: _____ P.O.Box _____
City: _____ City: _____
State: _____ Zip: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Date Business Started _____ President: _____
Federal Tax ID # _____ - _____ Sales Tax Exemption Cert. _____
Controller: _____ Phone: _____ Ext. _____
Accounts Payable Contact: _____
A/P Phone: _____ Ext. _____ A/P Fax: _____
A/P E-mail Address _____
Send Invoices via E-mail _____ or Via Fax _____

Trade Vendor Name: _____
References Street Address: _____
City, State & Zip: _____
Phone: _____ Fax: _____

Vendor Name: _____
Street Address: _____
City, State & Zip: _____
Phone: _____ Fax: _____

Vendor Name: _____
Street Address: _____
City, State & Zip: _____
Phone: _____ Fax: _____

Vendor Name: _____
Street Address: _____
City, State & Zip: _____
Phone: _____ Fax: _____