



**P. KAY METAL, INC.**

2448 East 25<sup>th</sup> Street, Los Angeles, California 90058  
 800 757 6533 T 323-585-5058 F 323-585-1380  
 www.pkaymetal.com



**APPLICATION FOR CREDIT**

(Please Type or Print)

Legal Name	Phone No. Fax No.	Date Business Started:
Address	City / State / Zip Code	
Billing Address (if not same as above)	City / State / Zip Code	
Billing Contact / Tel. No. / Fax No.	Type of Business	
CHECK ONE: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	Requested Credit Line (MUST BE COMPLETED) \$	
Previous name of Business and Address (if above is less than 5 years):		
Owner / Officer / Principal's Name	Position Title	Phone Number
		Fax No.
Owner / Officer / Principal's Name	Position Title	Phone Number
		Fax No.
BANK Name & Contact  Account #	Address	Phone Number
		Fax No.
Own or rent principal place of business? <input type="checkbox"/> Own <input type="checkbox"/> Rent	If rent, Landlord(s) name(s):  Phone Number:	Purchase Order Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Persons Authorized to Make Purchases	State Resale Number	<b>RESALE CARD / CERTIFICATION MUST ACCOMPANY THIS APPLICATION</b>
<b>TRADE REFERENCES: (On open account )</b>		
Business Name / Contact	Complete Address / Acct #	Tel. No.
		Fax. No.
Business Name / Contact	Complete Address	Tel. No.
		Fax. No.
Business Name / Contact	Complete Address	Tel. No.
		Fax. No.
Business Name / Contact	Complete Address	Tel. No.
		Fax. No.
I (we) hereby certify that all statements in this application are true and complete and are made for the purpose of securing credit from you. Upon formal written notice of acceptance, all credit applications are accepted on the basis of applicant complying with our standard maximum credit terms of sale, which are <b>PAYMENT IN FULL WITHIN 30 DAYS OF INVOICE DATE</b> . Payment is defined as a confirmed ACH/Direct Deposit to PKM's financial institution OR bank draft physically RECEIVED at PKM's Accounts Receivable Department. Non-payment of current charges may result in an additional monthly service charge of 1.5%, a credit hold being placed on pending or future orders and/or partial or complete withdrawal of credit privileges. Returned checks will result in a \$35 NSF charge to your account; PKM reserves the right to recover three times the amount of the check, up to \$1,500.00 pursuant to California Civil Code §1719. We/I further authorize you or your agent to investigate the references or other data furnished by me or by any other person pertaining to my credit responsibility. In the event we have to engage outside representation and legal action becomes necessary I/we hereby guarantee payment of the bill, including reasonable collection and/or attorney fees, incurred in enforcing this guarantee. You have the right to terminate this agreement and/or limit the amount of credit extended to me (us).		
Signed	Title	
Company Name or Agent Capacity	Date	



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Dear Prospective Customer:

Please complete the information below and have a Corporate Officer or an Account Signatory **SIGN** the authorization for release of such information. Please print legibly or type.

Bank Name		
Address		
City	State	Zip
DDA Acct #		Other Acct. #
Bank Contact	Title	Tel. # Fax #

Acct Holder Signature	Date
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Company Name		
Address		
City	State	Zip

**FOR BANK USE ONLY**

To Whom It May Concern:

The above referenced customer has applied for credit with P. Kay Metal, Inc. Please find the above authorizing signature for release of information. All information will be held in strict confidence.  
**THANK YOU.**

Account Opened/Checking	Ave. Balance	NSF's?
Account Opened/Other Accts	Ave. Balance	
Completed by:	Title	Date