



45 Newell Street Southington, CT 06489
Tel. 860.406.6211 800.444.9494

CREDIT APPLICATION

Please Complete in full, sign and return to Credit Department

Email: credit@yarde.com
Fax: 860-628-6927

Complete all fields and sign. Include a copy of your signed and dated resale cert. (If applicable)

FIRM NAME		DATE	
BILLING ADDRESS		CITY/STATE/ZIP	PHONE
SHIPPING ADDRESS		CITY/STATE/ZIP	FAX
YEAR BUSINESS BEGAN	REQUESTED CREDIT LINE		ESTIMATED ANNUAL PURCHASES
THIS BUSINESS IS A:		NAICS CODE	FEDERAL I.D.#
<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SUBSIDIARY OF: _____ <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC (LIMITED LIABILITY CO.)			
OWNERS OR OFFICERS			
1	NAME		PHONE
	ADDRESS		CONTACT
2	NAME		PHONE
	ADDRESS		CONTACT
BUYER			
NAME		TITLE	PHONE
		EMAIL ADDRESS	
A/P CONTACT			
NAME		TITLE	PHONE
		EMAIL ADDRESS	
INVOICES BY EMAIL		EMAIL ADDRESS	
<input type="checkbox"/> Please check here if you would like invoices/statements delivered by email and provide the appropriate email address			
METAL/TRADE REFERENCES			
1	COMPANY NAME		PHONE
	CONTACT		EMAIL
2	COMPANY NAME		PHONE
	CONTACT		EMAIL
3	COMPANY NAME		PHONE
	CONTACT		EMAIL
4	COMPANY NAME		PHONE
	CONTACT		EMAIL
BANK NAME		ADDRESS	
PHONE	ACCOUNT TYPE	ACCOUNT NUMBER	OFFICER
IF THIS APPLICATION IS APPROVED AND CREDIT IS EXTENDED, THE APPLICANT SHALL BE DEEMED TO HAVE AGREED TO THE FOLLOWING TERMS AND CONDITIONS: If accounts are not promptly paid when due, the applicant's name will be listed in any collection or credit file and if this account is collected by a collection agency or an attorney, by suit or otherwise, applicant agrees to pay collection and/or attorney's fees and cost of collection. Terms if not otherwise specified are ½% 10 net 30 days. Interest shall also be added to any unpaid balance at the rate of 1 ½% per month, which is equivalent to 18% per annum, unless such interest is prohibited by existing local laws and then the maximum allowed under such local status shall be in effect.			
SIGNATURE OF AUTHORIZED OFFICER		TITLE	DATE