

Metro 817.834.8817
 877.413.0305
 Fax 817.984.7515

Alliance Coating, LLC

1248 LAWSON ROAD • FORT WORTH, TEXAS 76131



CREDIT APPLICATION

Full Name of Firm		Date
Street Address		Phone ()
City	State	Zip Code
Delivery Address (if different than above)		
Is this a: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		Year Established
If Subsidiary, Name, City and State of Parent		State of Incorporation
		Parent Guaranty Debts? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach copy of Guaranty.

Credit line applied for: *		Type of business:	
<input type="checkbox"/> \$500 – 2,500	<input type="checkbox"/> \$7,500 – 10,000	<input type="checkbox"/> Sheet Metal Shop	<input type="checkbox"/> Machine Builders
<input type="checkbox"/> \$2,500 – 5,000	<input type="checkbox"/> \$10,000 – 15,000	<input type="checkbox"/> Tool & Die Shop	<input type="checkbox"/> Fabricator
<input type="checkbox"/> \$5,000 – 7,500	<input type="checkbox"/> Other _____	<input type="checkbox"/> Machine Shop	<input type="checkbox"/> Other (specify) _____
*Please attach financial statement		<input type="checkbox"/> Welding Shop	<input type="checkbox"/> O.E.M.

Corporation Tax Exemption No: _____ (If non-taxable, complete attached resale certificate) D.U.N.S. _____

Owner, Partner or Principal Officer: _____ Soc. Sec. No. _____
 Address: _____ Home Phone: _____
 Owner, Partner or Principal Officer: _____ Soc. Sec. No. _____
 Address: _____ Home Phone: _____

TRADE REFERENCES			
Name	Phone ()	Fax ()	
Street Address	City	State	Zip Code
Name	Phone ()	Fax ()	
Street Address	City	State	Zip Code
Name	Phone ()	Fax ()	
Street Address	City	State	Zip Code
Name	Phone ()	Fax ()	
Street Address	City	State	Zip Code

BANK REFERENCE (Give your primary bank)	
Name	Loan Officer & Phone # ()
Street Address	City State Zip Code
Checking Account Number	Open Loan Account Number Present Balance Owed
Accounts Payable Contact Name	Accounts Payable E-mail Address (Required – Invoices will be e-mailed)

FINANCIAL INFORMATION

A recent financial statement will be of help in appraising the application and if submitted, will be treated in confidence for Credit Department use ONLY.

Statement Enclosed _____ Will Furnish on Request _____ Unavailable _____ Reason _____

The above information is submitted for our CONFIDENTIAL investigation and appraisal. If this application for credit privileges is approved and accepted, I (we) understand and accept the following terms and conditions:

TERMS: ALL INVOICES NET 30 DAYS

In collecting sums due to part of any credit extended on the basis of this application, I (we) agree to pay reasonable cost and expenses should legal recourse become necessary. You are authorized to check information submitted as well as all other sources available, and to answer questions about your credit experience with us, if requested by others.

Dated _____ Signature(s) _____ Title(s) _____