

# BUSINESS CREDIT APPLICATION

Metrocon  
P. O. Box 39  
Six Mile, SC 29682

For fast credit  
approval FAX this  
form to 864.868.9887

Company Name \_\_\_\_\_ Type of Business \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Billing Address \_\_\_\_\_ Shipping Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Ownership:  Corporation  Partnership  Sole proprietor  Government  Non-Profit  
Years in business: \_\_\_\_\_  
Tax Exempt? Yes No  
(If yes, please include resale card with application)

Parent company names (If different than above): \_\_\_\_\_

Address \_\_\_\_\_ Fax Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Bank References

1. \_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Account Number \_\_\_\_\_ Contact: \_\_\_\_\_

2. \_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Account Number \_\_\_\_\_ Contact: \_\_\_\_\_

## Open Accounts References

1. \_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. \_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. \_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

Inter Office Use Only DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

CREDIT LIMIT: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_