



Credit Application

Metrocon, Inc.
PO Box 39
Six Mile, SC 29682
864-868-9882

1. Business Information

- **Legal Business Name:** _____
- **DBA (if applicable):** _____
- **Entity Type:** Corp LLC Partnership Sole Proprietorship
- **Federal Tax ID (EIN):** _____
- **Physical Business Address:** _____
- **Business Phone Number(s):** _____
- **Cell Phone Number:** _____
- **Email for Invoices:** _____
- **Email for Business Correspondence:** _____

2. Banking & Trade References

Bank Information

- **Bank Name:** _____ **Contact Person:** _____
- **Phone:** _____ **Account #:** _____

Trade References (List Three)

1. **Company:** _____ **Contact:** _____
Email/Phone: _____
2. **Company:** _____ **Contact:** _____
Email/Phone: _____
3. **Company:** _____ **Contact:** _____
Email/Phone: _____

3. Payment Method Selection

Please select your preferred method of payment:

- **ACH/E-check** (Routing and Account information to be provided)
- **Check** (Mail to: PO Box 39, Six Mile, SC 29682)
- **Credit Card** (Complete authorization section below)

Credit Card Processing Fee Notice: Currently, Metrocon, Inc., does not assess a processing or convenience fee for payments made by credit card. However, this policy is **subject to change at any time** with 30-day notice. Metrocon Inc. reserves the right to implement a surcharge or convenience fee on credit card transactions in the future.

4. Credit Card on File Authorization

I authorize Metrocon, Inc. to keep the following card on file. For invoices with **Net 30 terms**, I authorize Metrocon, Inc. to charge this card for any balance that remains unpaid 31 days after the invoice date.

- **Card Type:** Visa MC Amex Disc
- **Card Number:** _____ **Exp:** _____ **CVV:** _____
- **Authorized Signature:** _____ **Date:** _____

5. Terms and Conditions

- **Standard Terms:** All invoices are due and payable **30 days** from the invoice date.
- **Late Fees:** Any account balance remaining unpaid after 30 days shall be subject to a **late fee of 1.5% per month** (18% per annum).
- **Collection Costs:** In the event of default, the Applicant agrees to pay all costs of collection, including reasonable attorney fees and court costs.

6. Personal Guarantee

In consideration of the extension of credit, the undersigned ("Guarantor") hereby personally and unconditionally guarantees the prompt payment of all obligations of the Applicant to [Your Company Name]. The Guarantor waives notice of default and agrees to pay all costs of collection, including attorney's fees.

Guarantor Signature: _____ **Date:** _____ **Printed Name:** _____

7. Certification of Accuracy (Final Signature)

I hereby certify that the information provided in this application is true and correct to the best of my knowledge. I authorize Metrocon, Inc. to verify all references and perform a credit check as needed.

Authorized Signature: _____ **Date:** _____ **Printed Name/Title:** _____