



ISO 9001 - Cage Code 067C0 - QSLD - WBE - WOSB – WBENC

APPLICATION FOR OPEN ACCOUNT

COMPANY NAME: _____

DATE: _____ PHONE : _____ FAX : _____

ADDRESS: _____

PRESIDENT: _____ VP: _____

ACCOUNTS PAYABLE CONTACT: _____

CONTACT EMAIL ADDRESS: _____

CREDIT REFERENCES: NAME, PHONE, FAX and EMAIL (Optional)

1) _____

2) _____

3) _____

4) _____

BANK: _____ CONTACT: _____

(NAME & NUMBERS)ACCT No. _____

SIGNATURE BELOW SPECIFICALLY AUTHORIZES ADI METAL TO REQUEST BANK REFERENCE LISTED ABOVE TO RELEASE ANY INFORMATION INCLUDING BALANCES AND NSF CHECKS.

A SERVICE CHARGE OF 1 ½ % PER MONTH (18% PER ANNUM) WILL BE CHARGED ON DELINQUENT ACCOUNTS. IN THE EVENT ACCOUNT MUST BE COLLECTED CUSTOMER ALSO AGREES TO PAY ALL ASSOCIATED COSTS INCLUDING REASONABLE ATTORNEY FEES (VENUE SHALL BE IN BROWARD COUNTY, FLORIDA). APPLICANT AUTHORIZES ALUMINUM DISTRIBUTING, INC. TO CONTACT APPLICANT’S REFERENCES FOR CREDIT DISCLOSURE.

SIGNATURE OF CORPORATE OFFICER: _____

PRINT NAME & TITLE: _____