



Music City Metals
 2633 Grandview Ave.
 Nashville, TN 37211
 615.255.4481 fax 615.255.4482 800.251.2674
 attn: DaMita Vaughn

CUSTOMER CREDIT APPLICATION

musiccitymetals@musiccitymetals.net

Business Name _____
 Billing Address _____ Ph# _____
 _____ Fax # _____

Ship to _____
 _____ A/P Contact _____
 Type of Business: _____ Date Established: _____
 Business Operates As: ? Sole Proprietorship ? Proprietorship ? Corporation (state of _____)

TRADE REFERENCES (include Name, Address, City, State, Zip, Phone & Fax numbers)

<p>1) Company _____ Address _____ _____ Phone _____ Fax _____ Contact _____</p>	<p>2) Company _____ Address _____ _____ Phone _____ Fax _____ Contact _____</p>
<p>3) Company _____ Address _____ _____ Phone _____ Fax _____ Contact _____</p>	<p>BANK REFERENCES Bank Name & Branch _____ Address _____ _____ Phone (____) _____ Contact _____</p>
<p>4) Federal tax id: _____ State sales tax#: _____</p>	

TERMS OF AGREEMENT

I HEREBY AUTHORIZE THE ABOVE REFERENCES TO SUPPLY MUSIC CITY METALS CO., INC. WITH RELEVANT INFORMATION CONCERNING FINANCIAL RELATIONSHIP.

The undersigned applicant hereby agrees that the terms of sale are NET 30, Finance charges of 1.5% applied per month on unpaid balance. In the event that it becomes necessary to place in the hands of an attorney for collection, the undersigned applicant agrees to pay all cost of collection, including interest charges and reasonable attorney fees. The undersigned applicant certifies that all the information provided is true and correct and that he will make known to Music City Metals any changes in conditions.

 Name of Owner or Officer (Type or Print)

 Title