



459 E US HWY 36 • Bainbridge, IN 46105  
765-657-2828

# New Account Application

**INDIVIDUALS:** FILL OUT STEPS 1 & 5. **BUSINESSES:** FILL OUT STEPS 2, 3 & 5.

## 1. INDIVIDUALS & DBAs COMPLETE THIS SECTION

APPLICANT 1 (LAST, FIRST, MIDDLE) OR DBA IF APPLICABLE		SOCIAL SECURITY NUMBER	DATE OF BIRTH
<input type="text"/>		<input type="text"/>	<input type="text"/>
PRESENT ADDRESS		CITY/STATE/ZIP	
<input type="text"/>		<input type="text"/>	
TELEPHONE	CELL PHONE	EMAIL	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
EMPLOYER	LENGTH OF SERVICE	CITY/ZIP	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

## 2. DO YOU SEEK AN ACCOUNT AS A BUSINESS? COMPLETE THIS SECTION.

CORPORATION NAME	PARENT COMPANY?	TELEPHONE
<input type="text"/>	<input type="text"/>	<input type="text"/>
LIST PRINCIPLE OWNERS/PARTNERS BY NAME	TITLE	
<input type="text"/>	<input type="text"/>	
LIST PRINCIPLE OWNERS/PARTNERS BY NAME	TITLE	
<input type="text"/>	<input type="text"/>	
CORPORATION ADDRESS	CORPORATION CITY/STATE/ZIP	
<input type="text"/>	<input type="text"/>	
NAME OF BUSINESSES' BANKING INSTITUTION	ADDRESS	PHONE
<input type="text"/>	<input type="text"/>	<input type="text"/>
YEARS IN OPERATION	TAX IDENTIFICATION #	WILL YOU CLAIM ANY TAX EXEMPTION?
<input type="text"/>	<input type="text"/>	YES / NO
		ST105 MUST BE ON FILE WITH INDIANA METAL FOR TAX EXEMPT PURCHASES
IF LESS THAN 3 YEARS AT THIS ADDRESS, PREVIOUS ADDRESS	CITY/STATE/ZIP	
<input type="text"/>	<input type="text"/>	
WHO IS AUTHORIZED TO USE/ORDER FOR THIS ACCOUNT?	AMOUNT OF CREDIT REQUESTED?	PHONE
<input type="text"/>	<input type="text"/>	<input type="text"/>
WILL A PURCHASE ORDER BE REQUIRED? YES NO	NAME OF ACCOUNTS PAYABLE MANAGER	EMAIL
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="text"/>	<input type="text"/>

## 3. PLEASE PROVIDE THREE CREDIT REFERENCES

PLEASE NOTE: CREDIT CARDS AND BANKS ARE NOT CREDIT REFERENCES

NAME OF CREDITOR	CONTACT NUMBER	EMAIL ADDRESS
<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME OF CREDITOR	CONTACT NUMBER	EMAIL ADDRESS
<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME OF CREDITOR	CONTACT NUMBER	EMAIL ADDRESS
<input type="text"/>	<input type="text"/>	<input type="text"/>

**4. PLEASE READ LEGAL TERMS BELOW. TERMS APPLY TO ALL ACCOUNTS. PLEASE SIGN AS APPROPRIATE**

Everything I have stated in this application or information that I have submitted with this application is accurate and true. If Indiana Metal, Inc receives an insufficient funds check from the account holder, and/or as a condition of establishing credit, the following applies. I/We agree to pay the balance due and in addition all applicable FINANCE CHARGES which I/we hereby agree to pay in accordance to all terms and conditions in which I/we are notified from time to time, including but not limited to periodic statements sent to me setting forth the outstanding obligations I/we have to you. In the event judicial proceedings are commenced to collect sums owed on their account, all parties agree that such proceedings shall be venued in Putnam County, Indiana, and all parties hereby consent to jurisdiction of the Courts of Putnam County, Indiana. I/We hereby agree to pay all attorney fees and court costs if this account is referred to attorneys for collection, without relief from valuation and appraisal laws. In accordance with Article 9 Section 402 of the UCC Code, the buyer further grants to seller a security interest in buyer's equipment, contract rights, inventories, receivables and proceeds of sales as collateral to secure the buyer's performance of all obligations. I/we hereby acknowledge Indiana Metal, Inc may run a lien search for the entity or individual applying for credit. The applicant further authorizes Indiana Metal Inc to file a financing statement without applicant's signature. A 2% finance charge will be added monthly to all past due balances. This is an annual rate of 24%. By signing, I authorize Indiana Metal, Inc. to investigate my credit record and report to proper persons and bureaus my performance of this agreement and to answer any questions about their credit experience with me. I authorize Indiana Metal, Inc. to release this application to my bank in order to obtain a bank reference.

**5. SIGN HERE**

**For individuals or DBA applicants:**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name \_\_\_\_\_

**For Business Entity**

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Title \_\_\_\_\_ Date \_\_\_\_\_