

New Customer Application

Billing Information

Business Name:		Date:
Billing Address:		
City:	State:	Zip Code:

Shipping Information Same as Billing Address

Shipping Address:		
City:	State:	Zip Code:

About Your Business

Company Structure: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other _____ Years in Business: ____ Your Title: _____ EIN/TIN/SSN: _____
Area of Business: <input type="checkbox"/> Manufacturing <input type="checkbox"/> Construction <input type="checkbox"/> Other _____
Estimated Metal Purchases: Monthly \$ _____ Quarterly \$ _____ Annually \$ _____

Delivery Facilities Information

Delivery Information: Destination Zoning: <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential Driveway Access to Facility: <input type="checkbox"/> Concrete <input type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Dirt/No Surface Road Access to Facility: <input type="checkbox"/> Highway <input type="checkbox"/> City Street <input type="checkbox"/> Gravel <input type="checkbox"/> Dirt/No Surface Proximity to Major Highway or Interstate: _____ Miles
Freight Unloading Information: Unloading Facilities: <input type="checkbox"/> Loading Dock <input type="checkbox"/> Ground Level Access Only Unloading Equipment: <input type="checkbox"/> Fork Lift <input type="checkbox"/> Other _____ <input type="checkbox"/> None Shipment Receiving Hours: ____:____ to ____:____
Delivery to Other Locations: Will you require delivery to other locations: <input type="checkbox"/> Yes <input type="checkbox"/> No Location Type: <input type="checkbox"/> Construction Site <input type="checkbox"/> Other Company Facility <input type="checkbox"/> _____ Unloading Equipment: <input type="checkbox"/> Fork Lift <input type="checkbox"/> Other _____ <input type="checkbox"/> None Describe any Access Difficulties: _____

Where did you hear about us? (please check one)

<input type="checkbox"/> Internet	<input type="checkbox"/> Radio	<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Other _____
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Bulkmetalsales.com

1609 Chase St.
Falls City, NE 68355
(402) 249-2490
info@bulkmetalsales.com

Preferred Method of Payment (please check one)

Via US Mail: Business Check Cashiers Check Money Order
Electronic Payment: eCheck Wire Transfer

eCheck Information

Account Type: Business Checking Business Savings

Business Name on Check:

Account Holder Name:

Account Number:

Routing Number:

Attach Copy of Check:

Please Attach Copy of Check Here

**Must be a Business Check to be processed as eCheck – We do not accept Personal eChecks
Please note orders will not be shipped until payment is received and cleared.*

Authorized Signature:

Date:

By signing above, I attest that I am an account holder or other authorized user who has the authority to make decisions regarding the account above and to enter into contract on behalf of the abovementioned company or entity. I hereby authorize Bulkmetalsales.com to use this account information to process eCheck payments for any purchases. This authorization shall be valid until such date as myself or another authorized party revokes said authorization.

Application Submission

Authorized Signature:

Date:

By signing above, as an authorized agent of the abovementioned company or entity, I hereby submit this application. I certify that all the above information is true and correct to the best of my knowledge. I further attest that I have viewed the Terms of Use and Privacy Policy available at Bulkmetalsales.com and I agree, on behalf of the abovementioned entity, to be bound by the terms set forth.