



FAX COMPLETED CREDIT APPLICATION TO 414-355-9403

Date _____

Amount of credit requested _____

NOTE: FORM MUST BE FILLED IN COMPLETELY AND ACCURATELY FOR HOWARD PRECISION METALS, INC. TO CONSIDER OPENING A CREDIT ACCOUNT.

GENERAL INFORMATION:

COMPANY NAME _____ PHONE NO. _____

FAX NO _____ E-MAIL Invoices? Yes o r no /Email address: _____

BILLING ADDRESS _____ SHIPPING ADDRESS _____

A/P CONTACT _____ PURCHASING CONTACT _____

BUSINESS ACTIVITY _____ DATE ESTABLISHED _____

WISCONSIN TAX STATUS: [] TAX EXEMPT [] NOT TAX EXEMPT [] CERTIFICATE ENCLOSED (IF EXEMPT)

ORGANIZATION:

OWNERSHIP: [] PROPRIETORSHIP [] PARTNERSHIP [] CORPORATION

CORPORATE OFFICER: PRESIDENT _____

NAME OF PARENT COMPANY, IF SUBSIDIARY _____

BANK REFERENCE:

NAME OF BANK _____ CONTACT _____

ADDRESS _____ CITY _____ STATE _____ PHONE _____

TRADE REFERENCES :

NAME _____ NAME _____

CITY _____ ST _____ ZIP _____ CITY _____ ST _____ ZIP _____

PHONE _____ FAX _____ PHONE _____ FAX _____

NAME _____ NAME _____

CITY _____ ST _____ ZIP _____ CITY _____ ST _____ ZIP _____

PHONE _____ FAX _____ PHONE _____ FAX _____

PAYMENT TERMS: 1/2 OF 1% - 10 DAYS: NET 30 DAYS FROM INVOICE DATE.

THE UNDERSIGN CERTIFIES THAT THE INFORMATION ON THIS FORM IS CORRECT AND THAT HE/SHE FULLY UNDERSTANDS HOWARD PRECISION METALS CREDIT TERMS AND AGREES TO PAY WITHIN THOSE TERMS IN CONSIDERATION OF EXTENDED CREDIT. ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

***AUTHORIZED

SIGNATURE _____ TITLE _____ DATE _____