

East Coast

METAL DISTRIBUTORS

COD ACCOUNT FORM ONLY

Date: _____

Customer Number: _____ New Change

Customer Account Name: _____

Owner Name: _____

Billing Address: _____ City _____ State _____ Zip _____

Shipping Address: _____ City _____ State _____ Zip _____

Telephone: _____ Fax _____ Mobile _____

Email Address: _____

Are you Tax Exempt? Yes or No. If yes, must provide copy of tax exemption certificate

Do you require the following: Purchase Order Numbers or Job Names (circle what applies)

Dealer Licenses: _____ Provide Copy

Driver's License Number & State of Issue: _____

Authorized Purchasers On Your Account: _____

Is your business inside or outside city limits? _____

Branch Information

Selling Branch _____ Salesmen Number _____ Market type _____

Please send this form via fax or email to
your respective Regional Credit Manager