



After completing application, either (a) fax to 909.693.5153 or (b) email to accounting@fontana.metroll.com

Company Information

FULL LEGAL COMPANY NAME		YRS IN BUSINESS	FEDERAL ID. NO.
TRADE NAME (D.B.A)		TYPE OF BUSINESS (retail, mfg, contractor, broker)	
BILLING ADDRESS (PO BOX)		PHYSICAL ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
ACCOUNTS PAYABLE CONTACT NAME	PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS
PURCHASING AGENT'S NAME	PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS
DUN & BRADSTREET #	PO'S REQUIRED <input type="radio"/> Yes <input type="radio"/> No	WILL PURCHASE BE TAX EXEMPT <input type="radio"/> Yes <input type="radio"/> No (If yes, attach Resale Certificate)	
Any bankruptcy filings? <input type="radio"/> Yes <input type="radio"/> No	MONTHLY VOLUME \$		

Organizational Structure & Key Contacts

Sole Proprietor Partnership Limited Partnership Corporation Limited Liability Company

STATE INCORPORATED/FORMED	DATE FORMED	REGISTRATION NO.	YEARS IN BUSINESS
NAME OF OWNER/DIRECTOR/OFFICER	TITLE	SS#	AUTHORIZED TO SIGN PO <input type="radio"/> Yes <input type="radio"/> No
NAME OF OWNER/DIRECTOR/OFFICER	TITLE	SS#	AUTHORIZED TO SIGN PO <input type="radio"/> Yes <input type="radio"/> No
NAME OF OWNER/DIRECTOR/OFFICER	TITLE	SS#	AUTHORIZED TO SIGN PO <input type="radio"/> Yes <input type="radio"/> No
NAME OF OWNER/DIRECTOR/OFFICER	TITLE	SS#	AUTHORIZED TO SIGN PO <input type="radio"/> Yes <input type="radio"/> No
ALL OTHER AUTHORIZED NAMES TO SIGN PO			

Bank References

BANK NAME (Bank Reference #1)	ACCOUNT NUMBER	PHONE NUMBER
STREET ADDRESS	CITY	STATE, ZIP CODE
BANK OFFICER NAME	PHONE NUMBER	FAX NUMBER
BANK NAME (Bank Reference #2)	ACCOUNT NUMBER	PHONE NUMBER
STREET ADDRESS	CITY	STATE, ZIP CODE
BANK OFFICER NAME	PHONE NUMBER	FAX NUMBER

Trade Reference		
COMPANY NAME (TRADE REFERENCE #1)	ACCOUNT NUMBER	PHONE NUMBER
STREET ADDRESS	CITY	STATE, ZIP CODE
CONTACT NAME	PHONE NUMBER	FAX NUMBER
COMPANY NAME (TRADE REFERENCE #2)	ACCOUNT NUMBER	PHONE NUMBER
STREET ADDRESS	CITY	STATE, ZIP CODE
CONTACT NAME	PHONE NUMBER	FAX NUMBER
COMPANY NAME (TRADE REFERENCE #3)	ACCOUNT NUMBER	PHONE NUMBER
STREET ADDRESS	CITY	STATE, ZIP CODE
CONTACT NAME	PHONE NUMBER	FAX NUMBER
COMPANY NAME (TRADE REFERENCE #4)	ACCOUNT NUMBER	PHONE NUMBER
STREET ADDRESS	CITY	STATE, ZIP CODE
CONTACT NAME	PHONE NUMBER	FAX NUMBER

I (we) have read, understand and consent to this application and the attached Terms and Conditions of Sale (collectively, "Terms and Conditions" - 4 pages in total); and understand that those Terms and Conditions of Sale will govern all transactions between applicant and BuildMat Plus Investments, Inc. dba Metroll (collectively, "Metroll"). All information provided on this application is complete, true and accurate to the best of my knowledge. The signer warrants and represents that he/she is authorized to bind the applicant to the Terms and Conditions. The signer understands that Metroll will rely on this information to make credit evaluations. In absence of an original mailed application, the signer agrees that the faxed or emailed copy shall act as the original.

I (We) hereby acknowledge that I (we) have furnished the information above for the purpose of obtaining credit from Metroll. I (We) hereby authorize Metroll and its agents to request credit information from other sources (including but not limited to the above bank and trade references), and authorize these sources to release to Metroll any credit related information they may have regarding the business or its owners or officers.

_____, Individually

Signature

Printed Name

Title

Date

_____, Individually

Signature

Printed Name

Title

Date