

**HAVASU IRON & METAL – Customer Credit Application/Net 30 Account**

1909 COMMANDER DR  
LAKE HAVASU CITY, AZ 86403  
928-855-6344 FAX 928-855-1504

Date \_\_\_\_\_

Company \_\_\_\_\_ Credit Amt Requested \$ \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

Billing: \_\_\_\_\_ Delivery: \_\_\_\_\_

Check One: Corp \_\_\_\_\_ Partnership \_\_\_\_\_ Indiv \_\_\_\_\_ LLC \_\_\_\_\_ Date Established: \_\_\_\_\_

Business Type: BldgCont EndUse Exporter Farm Food Gov Indiv Mfg Repair Retail Wholesale

Statements/Invoices: Mail \_\_\_\_\_ Email: \_\_\_\_\_

**Principals of Company:**

Name	Title	Drivers License	Home Phone #
_____	_____	_____	_____
_____	_____	_____	_____

Bank \_\_\_\_\_ Tel # \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_ Fax # \_\_\_\_\_  
 \_\_\_\_\_ Account # \_\_\_\_\_  
 \_\_\_\_\_ Type \_\_\_\_\_

**Trade References:**

1. Name \_\_\_\_\_ Tel # \_\_\_\_\_  
 Address \_\_\_\_\_ Fax # \_\_\_\_\_  
 \_\_\_\_\_ Contact \_\_\_\_\_  
 \_\_\_\_\_ Email \_\_\_\_\_

2. Name \_\_\_\_\_ Tel # \_\_\_\_\_  
 Address \_\_\_\_\_ Fax # \_\_\_\_\_  
 \_\_\_\_\_ Contact \_\_\_\_\_  
 \_\_\_\_\_ Email \_\_\_\_\_

Tax Exempt ( YES / NO) Tax Exemption/Resale # \_\_\_\_\_

**A signed Arizona Form 5000 and a copy of your Transaction Privilege Tax License must be included with this application for tax-exempt status.**

I/We hereby make application to HAVASU IRON & METAL hereafter referred to as HIM for credit and/or to update and reconfirm our existing account and balance with HIM. Applicant/s give their permission for HIM to verify the information stated herein. If credit is granted, I/We agree to pay all bills rendered. We agree to pay a service charge of \$45.00 for any checks returned from our bank for any reason. All information furnished as a part of this application becomes the property of HIM. We agree to observe HIM's standard terms and conditions as set forth on its invoice from time to time in effect, notwithstanding any different or additional terms stated in our purchase order. We represent that we are financially capable of paying invoices as they are due. In event the payment is not made and this account is referred for collection, I/We will pay the cost of collection equal to a minimum amount of twenty-five percent of the principle amount. I/We understand interest on any unpaid balance will be charged at the highest rate authorized by law. If suit or action by an attorney is instituted, I/We promise to pay reasonable attorney fees in said suit or action. It is understood that all billings of accounts receivables and credits are processed through Mohave County, AZ. It is understood that in the event of a suit or action, the Mohave County, AZ is the venue for litigation. I/We understand that I/We are waiving our rights to litigate outside of Mohave County, AZ.-

Applicant Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_  
Date: \_\_\_\_\_