



Credit Application

Business Legal Name			
Year Established	D/B/A, if any		
Duns Number	Number of Employees		
Ownership Structure (check one) <input type="checkbox"/> Incorporated <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> LLP			
State of Registration		If incorporated, type <input type="checkbox"/> C <input type="checkbox"/> S	
Fed. Tax #	Tax Status	<input type="checkbox"/> Taxable <input type="checkbox"/> Tax Exempt	
If tax-exempt, registration #		(attach certificate based on ship to state)	
Name of parent company, if any			
Estimated annual purchases	\$		
Billing Address			
Street	City	State	Zip
A/P Contact	Phone	Fax	
A/P Email Address			
Shipping Address <input type="checkbox"/> Check to use billing address, or provide below. If more ship-to addresses are needed, please provide on a separate attachment. Please include a tax exemption certificate for each state.			
Street	City	State	Zip
<input type="checkbox"/> Check if you attached your own credit reference page, in lieu of re-entering the same information on this application. We will use your attached information providing the content is adequate for our purposes.			
Please enter the name of an Owner, Member or Officer on the line below			
Bank Reference			
Name	Contact	Phone	
Trade References			
Name	Phone	Fax	
Name	Phone	Fax	
Name	Phone	Fax	
Applicant certifies that all information provided herein is true and correct and grants permission to obtain credit reports, or other information, from trade creditors and/or bank. Applicant further authorizes trade creditors and/or bank to release information. Applicant agrees that purchases are subject to Net 30 Terms and Conditions of Sales as posted at http://www.copperandbrass.com/cnb/index.html .			
UNSIGNED CREDIT APPLICATIONS WILL RESULT IN CIA / CREDIT CARD ONLY ACCOUNT STATUS			
Authorized Signature →			Date

Please refer to the following page for delivery options.

Return this form to:

TKMNA.CustomerMasterData@thyssenkrupp.com

or

Fax to 248-436-3668

ThyssenKrupp Materials NA

AIN Plastics Division



The following information will help us better manage your material deliveries.

Receiving Schedule

Please provide the hours for which you receive product shipments.

Day	Beginning Hour	Ending Hour
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Material handling capabilities (check all that apply)

Hand Forklift Crane

Unloading locations (check all that apply)

Rear Side Dock

Maximum weights

Maximum bundle weight _____

Maximum skid weight _____