



Eagle Metals Co.
1243 Old Bernville Rd
Leesport, PA 19533
610-916-5200
www.eaglemetals.com

Credit Application

We sincerely appreciate your business. However, before establishing an open account with your company we require the following information. Please email to Nmurphy@eaglemetals.com

Company Name _____

Billing Address _____

Phone _____ Fax _____

E-mail _____

Year established _____

CREDIT REFERENCES (please provide three trade references)

Name	Name	Name
_____	_____	_____
Address	Address	Address
_____	_____	_____
City/State/Zip	City/State/Zip	City/State/Zip
_____	_____	_____
Phone	Phone	Phone
_____	_____	_____
Fax	Fax	Fax
_____	_____	_____

BANKING REFERENCE:

Name	Address	City/State/Zip	Account Number
_____	_____	_____	_____
Contact	Phone	Fax	
_____	_____	_____	

RELEASE AUTHORIZATION

I hereby authorize our bank(s) to release any information necessary to assist in establishing a line of credit.

Name	Title	Date
_____	_____	_____

Please note attached terms and conditions, Exhibit "A"