



2632 Tee Drive  
Baton Rouge, La 70814  
Tel: +225.273.4800  
Fax: +225.273.4814  
E-mail: [accounting@oxfordalloys.com](mailto:accounting@oxfordalloys.com)  
[www.oxfordalloys.com](http://www.oxfordalloys.com)

## CREDIT APPLICATION FOR OPEN ACCOUNT

Please fill out the form on your computer, print, sign, and fax back to 1.225.273.4814

### BUSINESS CONTACT INFORMATION

Company name:			
DUNS Number (if applicable):			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	Country:	ZIP Code:
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

### BUSINESS AND CREDIT INFORMATION

Physical (ship to) address:			
City:	State:	Country:	ZIP Code:
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:	State:	ZIP Code:	

### BUSINESS/TRADE REFERENCES

<b>Company name:</b>			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
<b>Company name:</b>			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
<b>Company name:</b>			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			

### AGREEMENT

1. All invoices are to be paid within the agreed upon terms.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Oxford Alloys Inc. to make inquiries into the banking and business/trade references that you have supplied.

### COMPLETED BY

Signature	Name	Title	Date
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