

**APPLICATION FOR CREDIT
INMETCO®**

A HORSEHEAD COMPANY
One INMETCO Drive
ELLWOOD CITY, PA 16117
PHONE: 724-758-5515 FAX: 724-758-2844
ATTN: ACCOUNTING DEPT.

Note: INMETCO Terms are NET 30 Days

APPLICATION WILL NOT BE APPROVED WITHOUT THE FOLLOWING INFORMATION:

Application Submitted by: _____ Title: _____
Telephone/Fax Number: _____ E-mail: _____ Date: _____
Type of material to be recycled: _____
How material will be packaged (Drums, Boxes, Skids, Bulk): _____
Requested Credit amount \$ _____
Projected yearly volume of business (in dollars): \$ _____

CUSTOMER INFORMATION

Name: _____ Telephone: _____
Address: _____ Fax number: _____
Address _____ Contact Name: _____
City/State/Zip: _____ Title: _____
Type of business: _____ Years in business: _____
D & B Number: _____ No. of employees: _____
Your Gross sales: _____
Is the company listed above a subsidiary, division, or associated with another company? _____
If yes, please indicate name, address, and relationship below:

Name: _____
Address: _____
Relationship: _____

BANK REFERENCES

Name: _____ Name: _____
Address: _____ Address: _____
Address _____ Address _____
Account number: _____ Account number: _____
Type of account: _____ Type of account: _____
Contact name: _____ Contact name: _____
Title: _____ Title: _____
Telephone: _____ Telephone: _____

TRADE REFERENCES: MUST HAVE (4)

Name: _____ Name: _____
Address: _____ Address: _____
Address: _____ Address: _____
Contact name: _____ Contact Name: _____
Title: _____ Title: _____
Telephone: _____ Telephone: _____
E-mail or Fax No. _____ E-mail or Fax No. _____

Name: _____ Name: _____
Address: _____ Address: _____
Address: _____ Address: _____
Contact name: _____ Contact Name: _____
Title: _____ Title: _____
Telephone: _____ Telephone: _____
E-mail or Fax No. _____ E-mail or Fax No. _____

Please contact Sales at 724-758-2800 for updates on the credit approval.