



Architectural Iron Designs, Inc.

950 S 2nd Street, Plainfield, NJ 07063-1302

Ph 800-784-7444/Fax 908-757-3439

Thank-you for your interest in opening an account with Architectural Iron Designs, Inc. Enclosed you will find an application for credit as well as a signature release for the bank. Please be sure to fill-out both in entirety as any missing information may result in a delay in processing your application. If you would like us to be able to Fast track your application, it would be helpful for you to inform your references your are using their name on your application. The timeliness of your approval depends solely on the responses of the references and your bank. Applications are handled immediately upon receipt into our office. We receive such a heavy volume of requests we cannot possibly follow-up on each and every application; this is your responsibility. At the time all information is received, a letter of approval (or denial) will be sent. If you wish we could fax the same.

We look forward to your continued business.

Architecturally Yours,

Architectural Iron Designs, Inc.



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CREDIT APPLICATION

ABOUT YOUR COMPANY		Please fill out application in its entirety to ensure prompt processing	
Company Name:			
Address:		City:	State: Zip Code:
Phone No.		Fax No.	
BUSINESS TYPE: <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORP. STATE OF			
Years in Business:		DUN & BRADSTREET #	
PLEASE LIST 3 PARTNERS OR CORPORATE OFFICERS			
Name, Title, Phone, SS #:			
Name, Title, Phone, SS #:			
Name, Title, Phone, SS #:			
PERSON TO CONTACT REGARDING PURCHASE ORDERS AND INVOICE PAYMENTS			
Name & Title:			
Address, Phone & Fax:			
PLEASE PROVIDE 2 BANK REFERENCES			
Bank Name:		Account #:	
Address		Phone:	Fax:
Bank Name:		Account #:	
Address		Phone:	Fax:
PLEASE PROVIDE 3 TRADE REFERENCES (INCLUDE CITY, STATE, ZIP CODE & FAX)			
Company Name:		Contact:	
Address:		City:	State: Zip:
Phone:		Fax:	
Company Name:		Contact:	
Address:		City:	State: Zip:
Phone:		Fax:	
Company Name:		Contact:	
Address:		City:	State: Zip:
Phone:		Fax:	

PLEASE READ AND SIGN !

The above information is submitted specifically and for the sole purpose of opening an account. I hereby certify the information to be true.

Signature: **Title:** **Date:**



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AUTHORIZATION TO RELEASE CREDIT EXPERIENCE

YOUR BANK NAME: _____

MAILING ADDRESS: _____

CITY, STATE & ZIP: _____

TO RELEASE TO ARCHITECTURAL IRON DESIGNS, INC. THE REQUESTED CREDIT INFORMATION:

YOUR COMPANY NAME: _____

CHECKING ACCOUNT #: _____

MAILING ADDRESS: _____

CITY, STATE & ZIP: _____

THIS INFORMATION MAY INCLUDE INFORMATION ON DATES OF OPENING AND CLOSING ON CHECKING ACCOUNTS, SAVING ACCOUNTS AND ANY LOAN/MORTGAGES INCLUDING HIGH AND LOW BALANCES, RETURNED CHECKS, CURRENT ACCOUNT STATUS AND CREDIT RATINGS.

*SIGNATURE: _____ DATE: _____

*** THE BANK WILL REQUIRE THIS SIGNATURE TO BE OF SOMEONE WHO IS AUTHORIZED TO SIGN ON YOUR BANK ACCOUNT BEFORE THEY RELEASE ANY INFORMATION.**