

After you have verified that the information on this form is correct, please print, sign and mail or fax in to:
metris Instruments, LLC.

Mail to:
metris Instruments, LLC
15446 Los Gatos Blvd
Suite 109/187
Los Gatos, CA 95032

Fax Number:
Credit Amount Requested: \$

COMPANY INFORMATION

Bill To:

Address 1:

Address 2:

City:

State:

ZIP:

Ship To:

Address 1:

Address 2:

City:

State:

ZIP:

Phone Number:

Fax Number:

Email:

SIC Code:

Our Business is a:

The Company was founded in:

We have been in our present location
for:

Our former address is:

BANK REFERENCES

We maintain active accounts with the following banks.

FACILITIES INFORMATION

Do you rent, lease own your premises?

If you lease your own premises, how much time remains before
the lease expires?

Landlord Name:

Landlord Address 1

Landlord Address 2

City:

State:

ZIP:

Phone Number:

INVOICES

How you would like your invoices sent?

Send Invoices by:

To Email:

To Fax:

COMPANY FINANCIAL INFORMATION

The approximate net worth of the company at present is: \$

Our estimated yearly earnings are: \$

Our tax exempt number is:

Current financial statement is attached

Estimated monthly purchases from metrisinst.com: \$

Number of company employees, including executives:

Name(s) of officers, partners, or owners of the company:

CONTACTS

Contact regarding questions about this application:

Name:

Phone:

Fax:

Email:

Contacts regarding payments to this account:

Name:

Phone:

Fax:

Email:

YOU MUST SIGN TO BE ELIGIBLE. BE SURE EACH SECTION IS COMPLETED BEFORE MAILING OR FAXING.

Sign and Date Here