

Robert & Sons Aluminum, Inc.

COMPANY CHECK APPROVAL FORM

Date _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Years at current address _____ Telephone (____) _____

Date business started _____ Fax (____) _____

D & B # _____

Drivers License# _____

Principal Name _____ Title _____ Social Security # _____

Home Address _____ Home Phone# (____) _____

City _____ State _____ Zip _____

Date of Birth ____/____/____ Height _____ Weight _____ Hair Color _____ Eye Color _____

Company Bank _____

Address _____

City _____ State _____ Zip _____

Telephone (____) _____ Fax (____) _____ Account # _____

I hereby authorize Robert & Sons Aluminum, Inc. to fully evaluate the information furnished above, to perform inquiries, and to request verification from banking references.

Officer's Signature _____ Title _____ Date ____/____/____

QUALITY & SERVICE

P. O. Box 17669 - Newnan, Georgia 30271 - 770-252-2323 - 800-206-8836 - Fax 800-378-8075
www.rsaluminum.com