



Terms: Net 30 Days

CREDIT APPLICATION

Company Information

Name of Company:		
Legal Form Under Which Business Operates:	Corporation Partnership Proprietorship	Years in Business:
DBA:		
Bill to Address:		Phone Number:
Ship to Address:		Phone Number:
Accounts Payable Contact:		Phone Number:
Purchasing Contact:		Phone Number:

Bank References

Institution Name:	Institution Name:
Checking Account #:	Savings Account #:
Address:	Address:
Phone Number:	Phone Number:

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone Number:	Phone Number:	Phone Number:
Date Account Opened:	Date Account Opened:	Date Account Opened:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature _____

Title _____

Date _____

****Please Attached a Copy of your Resale Certificate****

Remit to: 1165 Woodlawn Street Ontario, CA 91761 Fax: 909.947.9353 E-Mail: sales@industrialweldsupply.net Phone: 909.947.9353