

# APPLICATION FOR CREDIT

Enter all information, Print, Sign & Fax to Weld Specialty Supply, Corp.

By:

Name of Firm or Individual		County	Tax %	
Address		Years At This Address		
City	State	Zip Code	Area Code	Phone
			Area Code	FAX

HEREBY applies for credit in accordance with the terms and conditions of:

TO:

<b>WELD SPECIALTY SUPPLY CORP.</b>	8929 N. 107th Street Milwaukee, WI 53224 (414) 354-2600 <b>(414) 354-2808 FAX</b>
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Credit Manager

TERMS: NET 30 DAYS

UNPAID BALANCES SUBJECT TO FINANCE  
CHARGE OF 1% PER MONTH.

The following information must be provided. It will be held in the strictest confidence.

OWNERSHIP:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Check here if incorporated within the past 12 months	<input type="checkbox"/> Partnership	<input type="checkbox"/> Individual
1 Name(s) of Principal(s)	Complete Address	Zip	Phone
2			
3			
4			

FINANCE:

Bank	Bank Address
Bank Officer or Department	Bank FAX Number

REFERENCES:

1 Name(s) of Principal(s)	Complete Address	Zip	FAX Number
2			
3			

Check here if cash sales are okay until credit is approved.

We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

(Signed) \_\_\_\_\_

Date \_\_\_\_\_

(Title) \_\_\_\_\_

Please do not write in the space below.

VERIFICATION:

REFERENCED CHECKED BY	<input type="checkbox"/>	CREDIT APPROVED BY
REFERENCE RESULTS	<input type="checkbox"/>	CREDIT REFUSED BY
	DATE:	