



PENNSYLVANIA WELDING SUPPLY  
 835 PENNSYLVANIA BLVD  
 FEASTERVILLE, PA 19053  
 215.329.7600 WWW.PAWELDING.COM

RETURN FORM VIA FAX: 856-778-8533 OR EMAIL: SALES@PAWELDING.COM

**APPLICATION FOR CREDIT**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

SHIPPING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

WEBSITE: \_\_\_\_\_ E-BILLING EMAIL ADDRESS: \_\_\_\_\_

TYPE OF BUSINESS: PERSONAL USE \_\_\_\_\_ SOLE PROPRIETOR \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_

YEAR ESTABLISHED: \_\_\_\_\_ SOCIAL SECURITY # AND/OR FEDERAL EIN #: \_\_\_\_\_

HAS APPLICANT EVER FILED FOR BANKRUPTCY: NO \_\_\_\_\_ YES \_\_\_\_\_ (IF YES, EXPLAIN ON SEPARATE PIECE OF PAPER)

**OWNERS OR OFFICERS:**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ SS#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ SS#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ SS#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

**BANK REFERENCE**

NAME: \_\_\_\_\_ ACCT #: \_\_\_\_\_ ACCT TYPE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**PRINCIPAL SUPPLIER REFERENCES**

NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_ ACCT #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_ ACCT #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_ ACCT #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**TERMS:** IN CONSIDERATION OF OUR COMPANY EXTENDING CREDIT TO THE APPLICANT, THE APPLICANT AGREES TO PAY FOR ALL ITEMS PURCHASED, DELIVERED, OR SERVICES RENDERED IN ACCORDANCE WITH THE TERMS OF EACH INVOICE. APPLICANT AGREES THAT EACH OF THE TERMS AND CONDITIONS OF SALE STATED ON THE INVOICE SHALL BE A TERM OF CONTRACT FROM OUR COMPANY TO THE APPLICANT. APPLICANT ACKNOWLEDGES THAT A MONTHLY SERVICE CHARGE OF THE HIGHEST LEGAL AMMOUNT ALLOWED BY THE STATE MAY BE CHARGED ON ALL SUMS DUE OUR COMPANY WHICH HAVE NOT BEEN PAID 30 DAYS AFTER BILLING DATE, AND APPLICANT AGREES TO PAY SAID CHARGES. AN ADDITIONAL SERVICE CHARGE COMPUTED ON THE SAME BASIS WILL BE DUE AND PAYABLE EVERY 30 DAYS THEREAFTER. WAIVER OF ONE OR MORE SERVICE CHARGES SHALL NOT BE DEEMED A WAIVER OF ANY FUTURE SERVICE CHARGES. APPLICANT FURTHER AGREES THAT WITH REGARD TO SUCH SERVICE CHARGES, APPLICANT AND/OR COMPANY ARE PARTIES TO A WRITTEN COMMERCIAL CONTRACT. SHOULD IT BECOME NECESSARY TO PLACE THE ACCOUNT WITH A COLLECTION AGENCY OR ATTORNEY, THE APPLICANT AGREES TO PAY ALL COLLECTION COSTS AND ATTORNEY FEES, IN ADDITION TO ALL SUMS DUE. APPLICANT AUTHORIZES OUR COMPANY TO OBTAIN CREDIT AND FINANCIAL INFORMATION CONCERNING THE APPLICANT AT ANY TIME AND FROM ANY SOURCE. THE UNDERSIGNED WARRANTS THAT THE ABOVE AGREEMENT HAS BEEN CAREFULLY READ AND THAT THE APPLICANT UNDERSTANDS COMPLETELY.

NAME OF APPLICANT (PRINT) \_\_\_\_\_ TITLE \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_