

## PENNSYLVANIA WELDING SUPPLY COMPANY

242 E. HUNTING PARK AVE PHILADELPHIA, PA 19124 215.329.7600

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

## **APPLICATION FOR CREDIT**

NAME:			DATE:	
BILLING ADD	RESS:		CITY:	
STATE:	ZIP CODE:	PHONE:	FAX:	
STATE:	ZIP CODE:	PHONE:	FAX:	
WEBSITE:		E-BILLING EMAIL	ADDRESS:	
TYPE OF BUS	TITLE:			
YEAR ESTABL	ISHED: SOCIA	AL SECURITY # AND/OR FEDER	AL EIN #:	
HAS APPLICA	NT EVER FILED FOR BANKRU	PTCY: 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:	E:		ST: ZIP:	
BANK REFERE	<u>ENCE</u>			
NAME:		ACCT #:	ACCT TYPE:	
ADDRESS:		PHONE:	FAX:	
PRINCIPAL SU	JPPLIER REFERENCES			
NAME:		CONTACT:	ACCT #:	
ADDRESS:		PHONE:	FAX:	
NAME:		CONTACT:	ACCT #:	
ADDRESS:		PHONE:	FAX:	
NAME:		CONTACT:	ACCT #:	
ADDRESS:		PHONE:	FAX:	
OR SERVICES REI ON THE INVOICE THE HIGHEST LEG BILLING DATE, A EVERY 30 DAYS T FURTHER AGREE SHOULD IT BECC AND ATTORNRY THE APPLICANT	NDERED IN ACCORDANCE WITH THI SHALL BE A TERM OF CONTRACT F GAL AMMOUNT ALLOWED BY THE S ND APPLICANT AGREES TO PAY SAI THEREAFTER. WAIVER OF ONE OR I STHAT EITH REGARD TO SUCH SER DME NECESSARY TO PLACE THE ACC FEES, IN ADDITION TO ALL SUMS D AT ANY TIME AND FROM ANY SOUI	E TERMS OF EACH INVOICE. APPLICA ROM OUR COMPANY TO THE APPLICA STATE MAY BE CHARGED ON ALL SUN D CHARGES. AN ADDITIONAL SERVIC MORE SERVICE CHARGESSHALL NOT E VICE CHARGES, APPLICANT AND/OR ( OUNT WITH A COLLECTION AGENCYC UE. APPLICANT AUTHORIZES OUR CO	ANT AGGRES THAT EACH OF THE TERMS AND CONDITIONS OF SALE STA ANT. APPLICANT ACKNOWLEDGES THAT A MONTHLY SERVICE CHARGI AS DUE OUR COMPANY WHICH HAVE NOT BEEN PAID 30 DAYS AFTER CE CHARGE COMPUTED ON THE SAME BASIS WILL BE DUE AND PAYABL BE DEEMED A WAIVER OF ANY FUTURE SERVICE CHARGES. APPLICANT COMPANY ARE PARTIES TO A WRITTEN COMMERCIAL CONTRACT. OR ATTORNEY, THE APPLICANT AGREES TO PAY ALL COLLECTION COSTS DMPANY TO OBTAIN CREDIT AND FINANCIAL INFORMATION CONCERN	
NAME OF APPLI	ICANT (PRINT)		TITLE	
SIGNATURE OF	APPLICANT		DATE	