

CASH ACCOUNT SET UP FORM

Thank you for taking the time to fill out the following account information about you. This can be used for businesses as well as individual (personal) accounts. By filling out this form and:

- Mailing to the address below
- Email to: payments@phxwelding.com
- Giving it to one of our sales representatives

We will be able to see what you purchase from us. Obviously, if you are buying certain products from us, we can give you the appropriate discounts if they are available to us.

We look forward to servicing your every welding need!

Company or Individu	al Name:	
Address:		
City:	State:	Zip:
Contact Name:		
	Fax:	
Cell Phone:		
еМаіl:		
Account For Resale	YesNo	
Note: Resale please	download and submit AZ form 5000 from P	hxWelding.com resource page
Sales Person:	Branch:	
Doc ID Effective July 2016		

Corporate Offices: 701 South 7th Street Phoenix, AZ. 85034 Phone: 602.253.1108

SEND TO: payments@phxwelding.com
Web Site: PhxWelding.com