



CREDIT APPLICATION

ALL INFORMATION WILL BE HELD IN STRICT CONFIDENCE

Send to: payments@phxwelding.com

Business Name		Main Phone No.	
Mail Address		Fax No.	
City		Dun & Bradstreet No.	
Corporation (Officer,Name,Title)	Federal Tax ID No.	State Tax ID No.	
Additional Officer,Name,Title	Owner's Social Security No.	Years on Business	
Division of:Subsidiary of	Previously in Business as:		
Does Business as (Name,Mailing Address)	Type of Business you conduct:		
(City,State,Zip)	Accounts Payable Contact		
Partnership of	Purchase Order Required	Credit Limit Requested	

References

Bank Name		#1 Supplier's Name			
Street		Street			
City		City		State	Zip
Phone No.	Fax No.	Phone No.		Fax No.	
Account No. Checking or Savings	Contact				
#2 Supplier's Name		#3 Supplier's Name			
Street		Street			
City	State	Zip	City	State	Zip
Phone No.	Fax No.	Phone No.		Fax No.	

As an authorized agent for the Credit Application, I give permission to Phoenix Welding Supply to check our credit and I understand Phoenix Welding's terms are Net 30 and hereby agree that any invoice not paid in full within 30 days shall be subject to the maximum legal interest then permitted or an interest charge of 1 1/2% per month whichever is lower. Also, I hereby agree to abide by the cylinder loan agreement and pay customary and prevailing service FINANCE CHARGE on that portion of my balances which become past due on the above basis, and any collection agency or attorney's fees should my account reach this state.

Signature _____ Applicant's Title _____ Applicant's Date _____

FOR COMPANY USE ONLY

Estimated Gas Usage	Cylinder Usage Charge	Credit Notes/Bank Response
Estimated Rod Usage	Estimated Misc Usage	
Branch	Salesman	
Approved or Denied	By	
Credit Limit	Date	

701 South 7th. Street, Phoenix, AZ 85034

Phone (602) 253-1108

Send to: payments@phxwelding.com