



Credit Application

Please Complete the Application in its entirety, including the required signature.

BUSINESS CONTACT INFORMATION					
Company name:					
Primary billing address:				Web Site:	
City:		County:		State:	ZIP Code:
Phone:		Fax:		E-Mail:	
Accounts payable contact:			Phone:	E-Mail:	
Send statements and invoices via:		<input type="checkbox"/> Email to:		<input type="checkbox"/> US Postal Service	
PLEASE NOTE: ALL INVOICES WILL BE EMAILED TO ACCOUNTS PAYALBE EMAIL ABOVE UNLESS OTHERWISE DIRECTED.					
SIC code:		Type of Business:		Yrs. in Business:	
Sole proprietorship:		Partnership:	Corporation:		Other:
Principle owner(s) or Officer (s)		Name:		Title:	SS #:
Principle owner(s) or Officer (s)		Name:		Title:	SS #:
SHIPPING INFORMATION					
Primary shipping address:					
City:		County:		State:	ZIP Code:
Shipping Contact:					
Telephone:		Fax:		E-mail:	
PURCHASING INFORMATION					
Purchasing Contact:			Phone:	E-Mail:	
Hours of Operation:		Are Purchase orders required?		Est. Annual Purchases:	
Do you Purchase with Credit Cards?			Type:		
Is your business tax exempt?		<i>If Yes, please attach a Tax Exempt Form to this application</i>			
BANKING INFORMATION					
Bank name:			Account #:		
Bank address:			Phone:		Fax:
City:			State:	ZIP Code:	
Type of account:		Account number:			
BUSINESS/TRADE REFERENCES Note: providing a fax # or email for your references will help to expedite your account set up)					
(1) Company name:			(2) Company name:		
Address:			Address:		
City:	State:	Zip code:	City:	State:	ZIP Code:
Phone:	Fax/email:		Phone:	Fax/email:	
(3) Company name:			(4) Company name:		
Address:			Address:		
City:	State:	Zip code:	City:	State:	Zip code:
Phone:	Fax/email:		Phone:	Fax/email:	
PHOENIX WELDING SUPPLY USE ONLY					
BR:	TRT:	SLSP:	COD:	EOM:	CSR Approval:
Submitted by:			Approved by:		
Credit Limit:		Acct #:	Notes:		

As an authorized agent for the Credit Application, I give permission to Phoenix Welding Supply LLC to check our credit, and I understand Phoenix Welding's Supply LLC terms are Net 30 and hereby agree that any invoice not paid in full within 30 days shall be subject to 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 _____

Title _____

Date _____

Submitted By _____