



OLD VALUES...NEW IDEAS

CREDIT APPLICATION

Date: _____

Amount of Credit Requested: \$ _____

COMPANY INFORMATION

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Main Office Phone Number: _____ Fax Number: _____

Tax Exempt: Yes No IF YES, ATTACH A COPY OF SALES TAX RESALE CERTIFICATE OR SALES TAX EXEMPT CERTIFICATE.

Person requesting credit: _____ Title: _____

Person responsible for payables: _____ Title: _____

Payables' Email address: _____ Payables' phone number: _____

Years in Business: _____ Email Invoices: Mail Invoices: P.O.'s Required? Yes No

EIN (Federal Tax Number): _____

TYPE OF BUSINESS:

Sole Proprietorship:

Principle or Owner's Name: _____

Partnership:

Partnership Name: _____

Partner Name: _____ Social Security No.: _____

Partner Name: _____ Social Security No.: _____

Corporation:

Articles of Incorporation Charter Number: _____

TRADE REFERENCES

1. Business Account #: _____

Contact: _____ Phone: _____ Fax: _____

2. Business Account #: _____

Contact: _____ Phone: _____ Fax: _____

3. Business Account #: _____

Contact: _____ Phone: _____ Fax: _____

Initials:

Mailing address for billing (if different from above)

Company Name: _____ Attention: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Applicant understands that it has applied for credit with Weldstar Company. Applicant represents that all items to be charged on credit with Weldstar Company are for business purposes. Applicant authorizes Weldstar Company and/or its representatives, agents and attorneys to obtain our report from any and all credit reporting agencies. Applicant agrees that terms on any credit extended are net thirty (30) days. Any amounts not so paid will accrue interest at the rate of one and one half (1.5) percent per month until the balance is paid. Credit to the applicant may be discontinued at any time at the discretion of Weldstar Company. Applicant further agrees to pay all court costs, attorneys' fees (including contingency based collection fees) and collection costs if this account is placed for collection.

Signature: _____ Title: _____

Print Name: _____

Date: _____

PLEASE RETURN TO:

MAIL:

WELDSTAR COMPANY
1100 HAMILTON AVE
UNIVERSITY PARK, ILLINOIS 60484
ATTN: Matt Stephens

EMAIL:

mstephens@weldstar.com

FAX:

708-534-7819