



# Credit Application

### Ship to information:

### Bill to information:

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Fax # \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Fax # \_\_\_\_\_

### Owners or officers of business:

Name 1 \_\_\_\_\_ SS# \_\_\_\_\_ Title \_\_\_\_\_  
 Name 2 \_\_\_\_\_ SS# \_\_\_\_\_ Title \_\_\_\_\_

### References:

Supplier 1 \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_  
 Supplier 2 \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_  
 Supplier 3 \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_  
 Bank Name \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
 Bank Contact \_\_\_\_\_ Acct # \_\_\_\_\_

Type of company:  Corporation  LLC  Sole Ownership  Partnership

Description of Business: \_\_\_\_\_

Year Business Started \_\_\_\_\_

Credit amount requested \$ \_\_\_\_\_

Taxable  Non taxable (tax exempt certificate must be submitted)

**Terms:** By signing below, you agree that a commercial or consumer credit report or other pertinent information may be requested in connection with updated or extensions of any credit granted as a result of this application. You agree that photocopies of facsimile copies of your signature may be used for acquiring credit information. You also agree to pay within our standard terms of NET 30 DAYS. An interest charge of 1.5% per month will be accrued on all balances over 30 days.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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