

APPLICATION FOR CREDIT ACCOUNT

BILLING INFORMATION: DATE: _____

LEGAL BUSINESS NAME: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SHIPPING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: (____)____-_____

FAX NUMBER: (____)____-_____

EMAIL ADDRESS: _____

SALES TAX EXEMPT#: _____ MFG#: _____

FARM TAX #: _____

SALES TAX STATUS:

IF PURCHASES ARE TAX EXEMPT, ALLOY MUST HAVE ON FILE A SALES TAX EXEMPTION CERTIFICATE. PLEASE ATTACH A COPY OF YOUR STATE ISSUED CERTIFICATE. SALES TAX WILL BE CHARGED ON ALL SALES UNTIL SUCH TIME SAID CERTIFICATE IS RECEIVED.

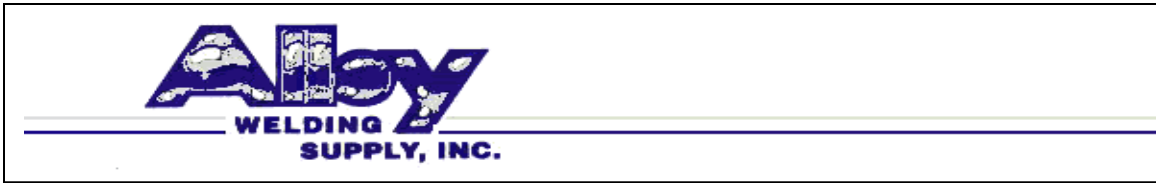
TERMS OF SALE:

THE PAYMENT DUE DATE IS 30 DAYS AFTER THE INVOICE DATE. INVOICES NOT PAID BY THE NET DUE DATE ARE SUBJECT TO A SERVICE CHARGE AT THE RATE OF ONE AND ONE-HALF PERCENT (1 1/2 %) PER MONTH UNTIL PAST DUE INVOICES ARE PAID.

.....
OFFICE USE ONLY:

DATE: _____ APPROVED BY: _____ CREDIT LIMIT: _____ SALESMAN _____
.....

PLEASE REMIT TO:
1717 HWY 97 NORTH
SAPULPA, OK 74066
PHONE(918)227-3085 FAX(918)227-1757
www.alloyweldingsupply.com
administrator@alloyweldingsupply.com



HOW DID YOU HEAR ABOUT ALLOY?:

SALESMAN: Y OR N IF YES WHO? _____
INTERNET: Y OR N IF YES WHERE? _____
PHONEBOOK: Y OR N IF YES WHICH ONE? _____
OTHER: _____

BUSINESS INFORMATION:

BUSINESS ENTITY: CORPORATION PARTNERSHIP SOLE PROPIETORSHIP

IF INCORPORATED,

DATE OF INCORPORATION: _____

OFFICERS: _____

FEDERAL I.D.#: _____

IF A PARTNERSHIP,

NAMES AND TITLES OF PARTNERS:

IF SOLE PROPRIETOR:

NAME OF OWNER: _____

HOME ADDRESS: _____

CITY/STATE/ZIP: _____

SOCIAL SECURITY: _____

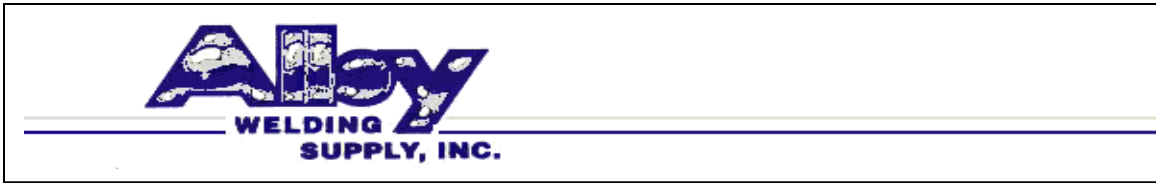
HOME TELEPHONE: _____

TYPE OF BUSINESS: _____

DATE STARTED: _____

LIST ANY FORMER NAMES AND ADDRESSES OF BUSINESS:

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GENERAL INFORMATION:

A/P CONTACT: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____

DOES APPLICANT REQUIRE:

PURCHASE ORDER NUMBERS: YES NO

JOB NAMES: YES NO

MATERIAL CERTIFICATION FORMS: YES NO

ESTIMATED ANNUAL SALES: _____

REQUESTED MONTHLY CREDIT: _____

BUSINESS TRADE REFERENCES: (CURRENTLY EXTENDING CREDIT)

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____ STATE: _____

CITY: _____ STATE: _____

ZIP: _____

ZIP: _____

PHONE: _____ FAX: _____

PHONE: _____ FAX: _____

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____ STATE: _____

CITY: _____ STATE: _____

ZIP: _____

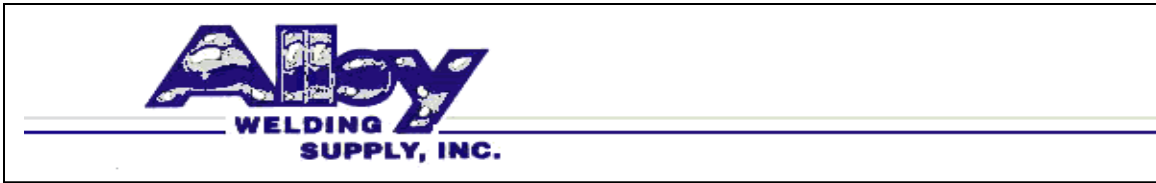
ZIP: _____

PHONE: _____ FAX: _____

PHONE: _____ FAX: _____

DUNS NUMBER: _____

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BANKING REFERENCES:

NAME OF BANK: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: _____ FAX: _____

TYPE OF ACCOUNT: _____

ACCOUNT NUMBER: _____

CONTACT: _____

NAME OF BANK: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: _____ FAX: _____

TYPE OF ACCOUNT: _____

ACCOUNT NUMBER: _____

CONTACT: _____

AUTHORIZATION TO RELEASE TRADE SUPPLIER AND BANK CREDIT INFORMATION:

WE HEREBY APPLY FOR CREDIT AND CERTIFY THAT THE INFORMATION ABOVE IS CORRECT. WE ALSO GIVE AUTHORIZATION TO ALLOY WELDING SUPPLY, INC, TO INQUIRE OR SUBMIT FOR CREDIT INFORMATION ON THE ABOVE. OUR UNDERSTANDING IS THAT THIS INFORMATION IS FOR USE OF YOUR CREDIT DEPARTMENT ONLY AND WILL BE CONFIDENTIAL. APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY, AND WILLINGNESS TO PAY OUR INVOICES WITHIN TERMS OF SALE.

*****MUST BE SIGNED BY SOMEONE AUTHORIZED TO SIGN CHECKS*****

APPLICANT (LEGAL BUSINESS NAME): _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

SIGNATURE _____ TITLE _____ DATE _____

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