



# Rockford Industrial Welding Supply, Inc.

---

## Consumer Information Report

Date: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Address Apt. No. City State Zip

\_\_\_\_\_  
Phone Home Owner or Tenant (circle one)

\_\_\_\_\_  
Previous Address if present address has been occupied for less than 5 years.

\_\_\_\_\_  
Credit Limit Requested

\_\_\_\_\_  
Social Security Number Drivers License Number

### EMPLOYMENT INFORMATION

\_\_\_\_\_  
Employer Phone Length of Employment

\_\_\_\_\_  
Previous Employer Phone Length of Employment

\_\_\_\_\_  
Are you self employed? Name of Business

\_\_\_\_\_  
Business Address

### BANK INFORMATION

\_\_\_\_\_  
Bank Name Phone

\_\_\_\_\_  
Bank Address Contact

\_\_\_\_\_  
Person(s) authorized to charge on your account

I hereby authorized you to investigate the above information for the purpose of determining my credit standing.  
Our terms are Net 30 days from date of shipment. I agree to pay finance charges on past due accounts over 30 days old.

\_\_\_\_\_  
Customer Signature Date