



Rockford Industrial Welding Supply, Inc.

D & B Rated _____
(for office use only)

Credit Application

Company Name: _____

Other Trade Name _____ Home Office Location: _____

Billing Address: _____ Shipping Address: _____

Phone: _____ Phone: () _____

Fax: _____ Fax: () _____

Date Established: _____ Type of Business: _____

- Corporation:
- Partnership
- Individual

- Do you require any of the following items on your order ? :
- Purchase Order #
 - Job #
 - Name

Company Officers:

Name	Title
_____	_____
_____	_____
_____	_____

Credit Limit Requested: _____ Are you Tax Exempt? Yes No (If so, please attach certificate)

TRADE REFERENCES:

- Name: _____
City _____ State _____ Phone: () _____
- Name: _____
City _____ State _____ Phone: () _____
- Name: _____
City _____ State _____ Phone: () _____

BANK REFERENCE:

Name: _____
City _____ State _____ Phone: () _____

Person Authorized to Charge at Rockford Industrial Welding Supply, Inc.: _____

I agree that the information I have provided is accurate and complete. I hereby authorized you to investigate the above information for the purpose of determining my credit standing and financial position. Rockford Industrial Welding Supply's terms are net 30 days from date of shipment. I agree to pay finance charges on past due accounts over 30 days old.

Authorized Signature

Date