



Rockford Industrial Welding Supply, Inc.

Business Credit Application

Date: _____

D&B RATED _____
(office use only)

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 on your order?
- Purchase Order
 - Job #
 - Name

**Rockford Industrial Welding Supply emails all invoices & MSDS's. Prefer Fax?:
Which address(s)? _____ (invoices) _____ (MSDS)

Company Officers: _____

Name Title email address

Name Title email address

Credit Limit Requested _____ Tax Exempt? Yes No (if yes, attached certificate)

TRADE REFERENCES:

1. Name: _____

City: _____ State: _____ Phone: _____

2. Name: _____

City: _____ State: _____ Phone: _____

3. Name: _____

City: _____ State: _____ Phone: _____

BANK INFORMATION:

Bank Name _____ Phone Number _____

Bank Address _____ Contact _____

Person(s) authorized to charge on your account _____

I agree to the terms and conditions posted on the Rockford Industrial Welding Supply, Inc. website at www.riws.com which may be modified by RIWS without further notice _____ (initial here). I hereby authorize you to investigate the above information for the purpose of determining my credit standing.

Signature: _____ Date: _____
Title