



Accounts Receivable  
P. O. Box 179 • North Lakewood,  
WA 98259  
(360) 658-5617  
[www.centralwelding.com](http://www.centralwelding.com)

EMAIL TO [AR@CENTRALWELDING.COM](mailto:AR@CENTRALWELDING.COM)  
OR FAX TO (360) 658-5457  
ATTN: CREDIT DEPARTMENT

<b>FOR CWS USE ONLY</b>	STORE #	SALESMAN	APPROVED <input type="checkbox"/> YES / <input type="checkbox"/> NO	LETTER SENT	ACCOUNT #
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## COMMERCIAL CREDIT APPLICATION

*Both sides must be filled out completely*

NAME		PHONE		FAX	
EMAIL FOR BILLING/STATEMENTS		NAME OF SUBSIDIARY OR DIVISION			
MAILING ADDRESS		CITY		STATE	ZIP
STREET OR SHIP TO ADDRESS		CITY		STATE	ZIP
PREVIOUS ADDRESS		CITY		STATE	ZIP
ACCOUNTS PAYABLE CONTACT NAME		PHONE		EMAIL	
ARE PURCHASE ORDERS REQUIRED? <input type="checkbox"/> YES / <input type="checkbox"/> NO	NUMBER OF INVOICE COPIES REQUIRED	ARE STATEMENTS REQUIRED? <input type="checkbox"/> YES / <input type="checkbox"/> NO		CREDIT LIMIT AMT. REQUESTED	
ARE PURCHASES NON-TAXABLE? <input type="checkbox"/> YES / <input type="checkbox"/> NO		IF SO, RESALE # (Attach Resale Card)			FEDERAL I.D. #
<input type="checkbox"/> CORPORATION, STATE OF		DATE OF INC. _____		<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> INDIVIDUAL	
TYPE OF BUSINESS		DATE ESTABLISHED		PAYMENT PREFERENCE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> ACH/EFT <input type="checkbox"/> CHECK	
NAME OF BONDING COMPANY			ADDRESS		
TYPE OF CONTRACTOR'S LICENSE			LICENSE #		
HAVE YOU EVER HAD A BUSINESS FAILURE? IF YES, UNDER WHAT NAME? <input type="checkbox"/> YES / <input type="checkbox"/> NO				D&B NUMBER	
<b>NAMES OF INDIVIDUALS, OWNERS, PARTNERS, OFFICERS:</b>					
NAME		TITLE		NAME	
HOME ADDRESS & CITY		STATE & ZIP		HOME ADDRESS & CITY	
SOC. SEC. #		YR. OF BIRTH		PHONE	
NAME		TITLE		NAME	
HOME ADDRESS & CITY		STATE & ZIP		HOME ADDRESS & CITY	
SOC. SEC. #		YR. OF BIRTH		PHONE	

**COMPLETE REVERSE SIDE**

Date of Application \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

CREDIT REFERENCES (List Principal Suppliers)

1	NAME	ACCT. #	PHONE
	ADDRESS	CITY	STATE & ZIP

2	NAME	ACCT. #	PHONE
	ADDRESS	CITY	STATE & ZIP

3	NAME	ACCT. #	PHONE
	ADDRESS	CITY	STATE & ZIP

4	NAME	ACCT. #	PHONE
	ADDRESS	CITY	STATE & ZIP

BANK

BANK WITH	BRANCH	ACCOUNT #	PHONE
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PERSONAL GUARANTY

In consideration of the extension of credit to applicant, the undersigned does hereby personally and unconditionally guarantee to pay Central Welding Supply Co., Inc. on demand any sum which is now due and any which may become due by applicant whenever applicant fails to pay within terms of this contract. The undersigned further guarantees to pay any and all interest, late charges, attorney’s fees, costs or collection charges. Jurisdiction shall be in Snohomish County, Washington. Applicant waives all suretyship defenses.

PRINT NAME	SIGNATURE	DATE
PRINT NAME	SIGNATURE	DATE

TERMS: Net 30

Our firm is financially able to meet any commitments we have made, and the undersigned is authorized to open a charge account for our firm. We hereby agree to pay our account within the terms of sale as stated on each invoice. We further agree to pay a service charge of 1 1/2 % per month (18% per annum) on all amounts not paid within the stated terms of sale.

If collection or legal action is necessary to collect our debt to Central Welding Supply (CWS), we hereby agree to pay all costs including, but not limited to, all collection agency fees, reasonable attorney’s fees, together with court fees or any additional costs. At the option of CWS in an action to recover any portion of our account, the venue of such action may be laid in any county selected by CWS.

We will inform CWS immediately, by certified mail directed to the credit department, of any changes in this information or our interest or position in any partnerships or corporations which purchase merchandise from CWS. Unless otherwise notified in writing, CWS may rely on the information on this application.

We hereby authorize any of the credit and/or bank references listed in this application to provide CWS with any and all information requested. We understand and acknowledge that the information given herein is true and correct.

COMPANY NAME	DATE		
SIGNATURE	TITLE	SIGNATURE	TITLE