

**Credit Application and Agreement**



**A. APPLICANT**

Legal Business Name: \_\_\_\_\_

D/B/A's, Trade Names, Divisions or Subsidiaries: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Ship To Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Estimated Annual Sales: \_\_\_\_\_ Amount of Credit Requested: \$ \_\_\_\_\_ How Long in Business: \_\_\_\_\_

Description of Business Activities: \_\_\_\_\_

Purchasing Contact Name: \_\_\_\_\_ Purchasing Email: \_\_\_\_\_ Purchasing Phone: (\_\_\_\_) \_\_\_\_\_

A/P Contact Name: \_\_\_\_\_ AP Contact Email: \_\_\_\_\_ A/P Contact Phone: (\_\_\_\_) \_\_\_\_\_

Do you require a monthly statement Yes: \_\_\_\_ No \_\_\_\_ Do you require a Purchase Order? Yes: \_\_\_\_ No \_\_\_\_

How do you prefer to receive invoices (check one)? Email: \_\_\_\_ Fax: \_\_\_\_ Mail: \_\_\_\_

**B. BUSINESS INFORMATION**

Sole Proprietorship Owner: \_\_\_\_\_ SS#: \_\_\_\_\_

Partnership Partner: \_\_\_\_\_ SS#: \_\_\_\_\_

Partner: \_\_\_\_\_ SS#: \_\_\_\_\_

Corporation/LLC President/Member: \_\_\_\_\_ SS#: \_\_\_\_\_

Vice President/Member: \_\_\_\_\_ SS#: \_\_\_\_\_

Secretary/Member: \_\_\_\_\_ SS #: \_\_\_\_\_

Treasurer/Member: \_\_\_\_\_ SS#: \_\_\_\_\_

Federal Tax No. (if applicable) \_\_\_\_\_ Sales Tax Exemption Certificate \_\_\_\_ Yes \_\_\_\_ No (if yes, enclose signed certificate or copy)

**C. BANKING INFORMATION**

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Officer Name: \_\_\_\_\_ Account No.: \_\_\_\_\_ Type of Account: \_\_\_\_\_

Account No.: \_\_\_\_\_ Type of Account: \_\_\_\_\_

I hereby authorize bank named above to release information requested for the purpose of obtaining and/or reviewing credit.

**D. TRADE REFERENCES** (Please fill out 3 references)

<u>Company Name</u>	<u>Contact</u>	<u>Address</u>	<u>Phone #</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

The preceding information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Welders Supply Company of Louisville, Inc. to investigate all references and customary credit information sources including consumer credit reporting repositories regarding my/our credit and financial responsibility for the purpose of obtaining credit and for periodic review for the purpose of maintaining the credit relationship.

CREDIT TERMS: All invoices are due and payable in full amount of the purchase price of the Goods and the Gas Product on or before thirty days from the date of invoice for that amount in which the Goods and/or Containers are delivered. No discount of the purchase price shall be allowed. SELLER SHALL IMPOSE A LATE CHARGE EACH MONTH ON THAT PORTION, IF ANY, OF THE PURCHASE PRICE OF THE GOODS AND THE GAS PRODUCT WHICH WAS NOT PAID WHEN DUE, EQUAL TO THE LESSER OF (a) 1 1/2% PER MONTH (ANNUAL PERCENTAGE RATE OF 18%), OR (b) THE MAXIMUM RATE (IF ANY) WHICH MAY BE CHARGED UNDER APPLICABLE LAW.

CREDIT POLICY: COD restrictions may be placed on any past due account. Accounts who continue delinquency will be subject to having orders held for review/approval.

VENUE: All amounts due for purchases from Welders Supply Company of Louisville, Inc. are payable at 335 Boxley Ave., Louisville, KY 40209. It is further agreed that this agreement is entered into in the state of Kentucky and is governed by the laws of the state of Kentucky.

CHANGE OF OWNERSHIP: I/We understand that we must notify Welders Supply Company of Louisville, Inc. in writing and by certified mail of any change in ownership, the name of the business or structure of the business under which credit is established.

In the event of default, and if this account is turned over to an agency and/or attorney for collection, the undersigned agrees to pay all reasonable attorney fees, and/or costs of collection whether or not suit is filed.

I/We certify that this request is for the extension of credit for business purposes only and not for the extension of credit for personal, family, or household purposes.

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY, AND WILLINGNESS TO PAY IN ACCORDANCE WITH ABOVE TERMS:

Business Name: \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_

**CONSENT TO OBTAIN CONSUMER CREDIT REPORT**

The undersigned individual who is either a principal of the credit applicant or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above named business credit grantor, from time to time as may be needed, in the credit evaluation process.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Date