



## Business Credit Application

Credit Amount Requested: \$ \_\_\_\_\_

### BUSINESS CONTACT INFORMATION

Company Name:			
Phone:		Fax:	
Billing Address:	City:	State:	Zip Code:
Shipping Address:	City:	State:	Zip Code:
Accounts Payable Email Address:		Accounts Payable Contact Name:	
Date Business Commenced:	Statements: Email { } Fax { } Mail { }	PO Required: Y { } N { }	Taxable { } Non Taxable { } <b>If Tax Exempt Send Certificate</b>

### CREDIT REFERENES

**By executing this credit application you hereby authorize B&J Welding Supply to obtain information from the Company's references for the purpose of obtaining credit with B&J Welding Supply.**

Company Name:			
Address:	City:	State:	Zip Code:
Phone Number:		Fax Number Required:	
Company Name:			
Address:	City:	State:	Zip Code:
Phone Number:		Fax Number Required:	
Company Name:			
Address:	City:	State:	Zip Code:
Phone Number:		Fax Number Required:	

### Agreement / Signature

- 1. Our terms are Net 30 days from date of invoice if terms are approved. If terms are not agreed upon, this account will be COD or amounts due at time of purchase and will require credit card information to keep on file**
- 2. Accounts not paying within terms will result in finance charges assessing each month until the past due amounts are paid in full.**
- 3. Claims arising from invoices must be made within seven working days.**

Signature:	Title:	Date:
Print Name:		

### For Office Use Only

<b>Approved By:</b>	<b>Amount:</b>	
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