



**Advanced Welding Supply Company, Inc.**  
 5035 South 27th St.  
 Greenfield, WI 53221  
**Fax: (414) 281-9504 Office: (414) 281-9502**  
**Email: Sales@AdvancedWeldingSupply.com**

## APPLICATION FOR CREDIT

Enter all information. Print, Sign & Fax or Email to Advanced Welding Supply Company, Inc.

**TERMS: NET 30 DAYS. UNPAID BALANCES SUBJECT TO FINANCE CHARGE OF 1% PER MONTH**

Credit Manager: \_\_\_\_\_

**NOTE: In the event of default in connection with this credit application, the below listed Account Holder agrees to pay all costs incurred to collect any and all debts related to this credit application, including all actual attorney's fees.**

### Account Holder Information

_____ Name of Firm or Individual	_____ County Tax%
_____ Address	_____ Years at this address
_____ City, State, Zip	_____ Office Phone (with area code)
	_____ Fax Number (with area code)

### Ownership Information:

Corporation     
  Incorporated within 12 months     
  Partnership     
  Invididual

_____ 1. Name(s) of Principle(s)	_____ Complete Address	_____ Zip	_____ Phone
_____ 2. Name(s) of Principle(s)	_____ Complete Address	_____ Zip	_____ Phone
_____ 3. Name(s) of Principle(s)	_____ Complete Address	_____ Zip	_____ Phone

### Finance Information

_____ Banking Institution	_____ Bank Address	
_____ Bank Officer or Dept.	_____ Bank Office Number	_____ Bank Fax Number

### References

_____ 1. Name(s) of Principle(s)	_____ Complete Address	_____ Fax Number
_____ 2. Name(s) of Principle(s)	_____ Complete Address	_____ Fax Number
_____ 3. Name(s) of Principle(s)	_____ Complete Address	_____ Fax Number

Check here if cash sales are okay until credit is approved.

We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

_____ (Signed)	_____ Printed Name	_____ Title	_____ Date
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## APPLICATION FOR CREDIT (CONT.)

*Enter all information. Print, Sign & Fax or Email to Advanced Welding Supply Company, Inc.*

**TERMS: NET 30 DAYS. UNPAID BALANCES SUBJECT TO FINANCE CHARGE OF 1% PER MONTH**

Credit Manager: \_\_\_\_\_

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## Personal Guarantee

**For good and valuable consideration, I hereby personally guarantee and agree to be held liable for all debts incurred by the above listed Account Holder made in connection with this credit application. I further agree to be personally liable for all debts based on the extension of credit to any other corporation or business entity with which the Account Holder is affiliated. I hereby waive any requirement that Advanced Welding Supply Co., Inc. notify me of default by the Account Holder or by any affiliated business entity. This shall be a continuing personal guarantee and shall not be affected by any modifications to this agreement with or without my consent.**

\_\_\_\_\_  
(Signed)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip

**Verification:**  
*For internal use only.*

References Checked

Credit Approved

Credit Refused

Reference Results:

Credit Approved/Refused by:

Date: