CALIFORNIA TOOL & WELDING SUPPLY

 $RIVERSIDE \bullet BARSTOW \bullet HESPERIA \bullet LANCASTER \bullet SAN \ BERNARDINO \bullet VICTORVILLE \bullet MONTCLAIR \bullet SANTA \ ANA \bullet FONTANA \bullet CORONA$

CORPORATION CREDIT APPLICATION

PLEASE COMPLETE AND RETURN ASAP MAIN OFFICE (951) 300-2543		For Office Use Only: Credit Limit			
201 N. MAIN ST.	` /	Approved 🗌	Account#Approved		
RIVERSIDE, CA 92501	, ,	Denied	DateApproved	by	
this application shall be contracts whether writt	cion is being submitted for the con the terms and conditions en, oral or mixed. LETE LEGAL NAME)	set forth and this a	pplication shall become	ervices sold pursuant to a part of all future	
	S		ST	ZIPCODE	
BILLING ADDRESS)	CITY	ST		
TELEPHONE	_	TYPE OF BU	ISINESS		
FAX		WHEN ESTA	ABLISHED		
OWNERSHIP: □COR			FEDERAL I	D#	
Accounts Payable Contact N	Jame: Phone	e #:	Email:		
NAME AND ADDRESS	OF OFFICERS, PARTNERS C	OR PROPRIETOR:			
NAME HOME ADDRE			BIRTHDATE	TELEPHONE	
		-			
TRADE REFERENCES:					
NAME	ADDRESS		TELEPHONE	FAX NUMBER	
BANK REFERENCE:					
	BF	RANCH	ACCOUNT :	#	
BANK ADDRESS:		<u> </u>			
BANK ACCOUNT IN				<u>:</u>	
	CH CREDIT IS GRANTED				
	ll be prepaid unless charge alloc				
	harge accommodations is due we essed a service charge of 1.5% p				
	redit discontinuance without no		iai rate). Accounts with a t	parance past due of 25 of	
	the applicant is not an individua		gnatories listed below are o	wners, officers, managing	
	he applicant, are authorized to ap				
	ktended pursuant to this applicat				
	erally, the full and faithful perfo or failure to fully and faithfully				
	plicant's obligation to pay mone				
due and unpaid by the app		j when due, all buell	guarantors unconditionary	promise to pay an same men	
	goods or services sold pursuant	t to this application a	re to be made at the location	on of the credit, as described	
	nis application. Said payments a				
	should it be necessary for the cre				
	ne action shall be brought and tri award reasonable attorney's fees			to be made, and that I/we	
	nation is given by the applicant			nted to be true. California	
Tool & Welding Supply i	s authorized to investigate the re	eferences listed pertain	ining to the applicant's cred	dit.	
		Dated:	Signed:		
Maximum Monthly		Driver's Lice	ense No:		
	d \$	Direct 5 Dies	110.		
Cloud Double	** * <u> </u>	Office use on	ılv·		
PO Required:	Yes No No	Sales Representative			
1	_ _		Territory Number		
		remundry inu	1110C1		