## **CALIFORNIA TOOL & WELDING SUPPLY**

RIVERSIDE • BARSTOW • HESPERIA • LANCASTER • SAN BERNARDINO • VICTOR VILLE • MONTCLAIR • SANTA ANA • FONTANA • CORONA CASH (C.O.D.) APPLICATION

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		For Office Us	<u>se Only</u> :	Account#	-	
PLEASE COMPLETE AND RMAIN OFFICE(951)201 N. MAIN ST.FAXRIVERSIDE, CA 92501	300-2543	Approved □ Denied □		roved by	-	
pursuant to this application sh future contracts whether writt Business Name/Person's Name	e (Complete Legal Name)				d	
BUSINESS ADDRESS	CITY		ST	ZIPCODE		
BILLING ADDRESS	CITY			ZIPCODE		
TELEPHONE TYPE OF BUSINESS						
FAX WHEN ESTABLISHED						
<b>OWNERSHIP:</b> □CORPORATIO	ON DARTNERSHIP DSOLE	PROPRIETOR				
FEDERAL ID#	Social Security #					
Accounts Payable Contact Name:	Phone #:		Email:			
	Please attach resale card if appl		ble status.			
	FICERS, PARTNERS OR PROPRI					
NAME	HOME ADDRESS	B	IRTHDATE	TELEPHONE		

## TERMS UPON WHICH ACCOUNT IS GRANTED:

All accounts shall be prepaid unless charge allocations have been established beforehand with credit department.

All payments for goods or services sold pursuant to this application are to be made at the location of the credit, as described in the first paragraph of this application. Said payments are deemed to be performance of the applicant.

I/We agree that should it be necessary for the creditor to instigate any legal proceedings for the collection of any balance due under this account, that the action shall be brought and tried in the Judicial District wherein payments are to be made, and that I/we agree that the court may award reasonable attorney's fees and costs of suit to the prevailing party. By signing this, I/we agree to be held responsible for any debt due for goods/services and for assets supplied by California Tool & Welding Supply.

The above information is given by the applicant for the purpose of obtaining a cash account and is warranted to be true. California Tool & Welding Supply is authorized to investigate all above information pertaining to the applicant's account.

Dated:\_\_\_\_\_Signed:\_\_\_\_\_

Printed Name:\_\_\_\_\_ Driver's License#:\_\_\_\_\_

A copy of a photo ID is mandatory with all CASH accounts.

\*\*\*\*\*Rental cylinders cannot be rented by cash accounts unless a valid credit card is on file for rental bill payments. \*\*\*\*\*

Office use only:	
Sales Representative	
Territory Number	