

WIELAND METAL SERVICES

APPLICATION FOR CREDIT

Thank you for your interest in opening an account with Wieland Metal Services. So that we are able to comply with your request, we ask that you complete the following information and return this application to us for processing. Please print or type all information.

Company Information

Company Name: _____
Bill to Address: _____ Ship to Address: _____
City/State/Zip: _____ City/State/Zip: _____
Phone Number: _____ Credit Line Requested: _____

***Note: Latest financial statement should accompany application for a credit line of \$ 25,000.00 or more.*

Name of Accounts Payable Contact: _____ Phone: _____
Name(s) of Persons Authorized to Buy: _____ Phone: _____
Number of Employees: _____ Years in Business: _____ Business Type: _____
Type of Organization: Sole Proprietorship _____ Partnership _____ Corporation _____
Federal ID No.: _____ Resale No: _____ ***please attach copy of certificate*

Principles of Firm

Name	Title	Address/City/State	Phone
1.) _____	_____	_____	_____
2.) _____	_____	_____	_____

Trade References (3 required)

Supplier Name	Address/City/State	Phone and Fax #
1.) _____	_____	_____
2.) _____	_____	_____
3.) _____	_____	_____
4.) _____	_____	_____

Banking Information

Name of Bank: _____ Branch: _____
Phone: _____ Contact Name: _____
Account No.: _____ Checking _____ Savings _____ Loans _____ Other _____

Customer warrants that the representations contained herein are true, correct, and made for the purpose of inducing the extension of credit to the undersigned.

Customer agrees to abide by Wieland Metal Service's terms and conditions of sale and to pay a surcharge on all past due balances at the rate of one percent (1%) per month. **Payment terms are considered Net 30 days, unless agreed upon otherwise in writing.** Customer further agrees to pay all reasonable legal fees in the event litigation is required to secure payment of proper charges to customer's account.

Signature confirms agreement with application terms and authorizes the investigation of credit to the extent necessary to establish an open account with Wieland Metal Services.

***APPLICATION **MUST** BE SIGNED BY AN OWNER, PARTNER, OR OFFICER.*

Signed: _____ Title: _____

Name (please print): _____ Date: _____