



Credit Application

Company Name: _____ Date: _____

Sole Proprietorship Partnership Corporation State / Date of Inc _____ Other _____

Description of Business: _____

Name(s) & Address(s) of Owners:

Officers & Titles

Billing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Accounts Payable Contact: _____ Phone: _____

Federal ID # _____ State ID # _____ Resale # _____

Dun & Bradstreet # _____ Purchase Order Required? YES NO

Bank Name: _____ Account #: _____

Bank Address: _____

Have any of the Owners or Officers ever filed for Bankruptcy? Please initial. YES NO

Are there any current Liens, Attachments, or Judgments vs. Company? Please initial. YES NO

TRADE REFERENCES: (Name those you already have credit established with)

Name: _____ Phone: _____ Contact: _____

Address: _____

Name: _____ Phone: _____ Contact: _____

Address: _____

Name: _____ Phone: _____ Contact: _____

Address: _____

I acknowledge the above statements were made for the sole purpose of having credit extended to me and hereto give authorization for Encore Welding & Industrial Supply (ENCORE) to inquire on my credit. I personally guarantee (WE, if Partnership; CORPORATION, if Corporation) A) to pay ENCORE the outstanding balance for each invoice on or before 30 days past the invoice date and B) to pay any and all attorney's fees and collection costs if suit is instituted.

Owner / Officer / Guarantor Signature: _____

Name: _____ Title: _____ Date: _____