

**ORDER PENDING?**

(check one)

YES NO **THE WESTERN BELTING CO., INC**

Phone: 303-322-3500 Fax: 303-320-1561

**CREDIT APPLICATION**

Firm Name: \_\_\_\_\_

Phone Number : \_\_\_\_\_

Billing Address: \_\_\_\_\_

AP Fax Number: \_\_\_\_\_

Ship-To Address: \_\_\_\_\_

Purchasing Fax No.: \_\_\_\_\_

AP email address: \_\_\_\_\_

**Invoices will be faxed to the AP Fax Number. If you wish to have your invoices mailed through US Post Office check here** 

Type of Business:

If subsidiary or division, list parent company

Proprietorship ( ) Partnership ( ) Corporation ( ) LLC ( )

Name: \_\_\_\_\_

Subsidiary ( ) Division ( ) Joint Ventures ( ) LLP ( )

Address: \_\_\_\_\_

Estimated Monthly Purchases from Western Belting: \_\_\_\_\_ D-U-N-S #: \_\_\_\_\_

Purchases are : \_\_\_\_\_ (Taxable, Resale, Government, Non Profit) Are PO's Required? \_\_\_\_\_

Federal ID or SSN: \_\_\_\_\_ Sales Tax # &amp; State \_\_\_\_\_

Type of product sold: \_\_\_\_\_ Year started: \_\_\_\_\_

Owner/Partner/President: \_\_\_\_\_ A/P Contact: \_\_\_\_\_

**BANK REFERENCE**

Name:	Officer:
Address:	Phone:

**CREDIT REFERENCES**

Name:	Phone:	Fax:
Address:		
Name:	Phone:	Fax:
Address:		
Name:	Phone:	Fax:
Address:		

**If you claim to be exempt from sales taxes please attach a copy of your Sales Tax Exemption Certificate or Direct Pay Permit.**

Applicant agrees to pay late charges at a rate of 1.5% per month (18% per year) or the maximum legal rate on any balance not paid within our 1%10/Net 30 terms. Applicant agrees to pay all collection expenses including attorney fees and court costs if the need should arise.

**I HAVE READ AND FULLY UNDERSTAND THE ABOVE AND AGREE TO THESE TERMS.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

The undersigned personally guarantees payment of any indebtedness due by applicant to Western Belting Company Incorporated whether currently existing or incurred in the future.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

***For Office Use Only:***

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ CREDIT LIMIT: \_\_\_\_\_

DISAPPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ REASON: \_\_\_\_\_

CUSTOMER ACCT CODE: \_\_\_\_\_ SALESMAN #: \_\_\_\_\_

DISCT SCHEDULE: \_\_\_\_\_ CUSTOMER GRP: \_\_\_\_\_ CUSTOMER CLASS: \_\_\_\_\_