



american
welding
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CREDIT APPLICATION

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code _____

Shipping Address: _____

Telephone Number: _____

Fax Number: _____

CORPORATION _____ PARTNERSHIP _____ PROPRIETORSHIP _____ OTHER _____

Type of Business: _____

Year Business Was Started: _____

IF BRANCH DIVISION, LOCATION OF HOME OFFICE: _____

Officer: _____ TITLE: _____

ARE PURCHASE ORDERS REQUIRED? _____

TAX-EXEMPT: _____

Bank: _____ Phone Number: _____

Bank Officer: _____

FEDERAL TAX ID: _____

BUSINESS REFERENCES:

1. Name: _____ Address: _____

Phone: _____

2. Name: _____ Address: _____

Phone: _____

3. Name: _____ Address: _____

Phone: _____

TERMS: Net 30 Days, unless otherwise agreed upon.

By: _____

Title: _____