J. W. WELDING SUPPLIES AND TOOLS

1155 Taylor Place, Fallon, Nevada 775 423-4774 900 Industrial Way, Sparks, Nevada 775 331-4774

CASH/CREDIT APPLICATION

** APPLICATION MUST BE COMPLETED IN FULL & A COPY OF DRIVERS LICENSE TO RECEIVE CASH/CREDIT ACCOUNT**

Credit Desired:	Cash Only A	ccount:	Deposit Paid:_\$	
(For "Cash Only" accou	unt no trade references are ne	eded)		
FIRM NAME (COMPLET	TE LEGAL NAME):			
ADDRESS:			County:	
BILLING				
ADDRESS:			County:	
TELEPHONE:	FAX:	WHEN ESTABL	ISHED:	
Contact Email:		Billing Email:		
	PORATION PARTNERSHIP			
SOCIAL SECURITY #:	FEDEF	RAL ID#		
	OF OFFICERS, PARTNERS OR PR			
NAME	HOME ADDRESS	BIRTHDATE	HOME TELEPHONE	
TRADE REFERENCES:				
NAME	ADDRESS	TELEPHONE	FAX NUMBER	
BANK REFERENCE:				
BANK:	BRANCH:	ACCTOU	INT #:	
BANK ADDRESS:				
BANK ACCOUNT IN NA	ME OF	SIGNED BY:		
NAME OF BANK CONTA	ACT:	DIRECT #:		
TERM CHIRONIA WILLICH CRED	IT ADE CDANITED			
TERMS UPON WHICH CRED All accounts shall be prepaid		established before hand with credi	t department. Payments in full for accounts	
			. Amounts unpaid within the 25 days are	
_	f 1.5% per month (18% annual rate).	Accounts with a balance past due of	25 or more days is subject to credit	
discontinuance without not		**	hander and area the Company to the this	
	ven for the purpose of obtaining cred stigate the references listed pertaining		hereby authorize the firm to who this	
• •	•	· ,.	the credit, as described in the first paragraph	
of this application. Said pay	yments are deemed to be the perform	nance of the undersigned company	or individual.	
_			ection of any balance due under this account,	
	ught and tried in the Judicial District v nd costs of suit to the prevailing party		nd that I/We agree that the court may award	
reasonable attorney rees at	id costs of suit to the prevailing party	•		
Date:	Signed:	Driver'	s License#:	
Date:	Signed:	Driver'	s License#:	
Salesman:				