



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

WWW.ITSWEC.COM

Ph: (901) 367-3922 • Fax: (901) 367-3923

Business Contact Information

Federal ID No:	Sales Tax Exempt? Yes No If Yes, Tax #:		
Company Name:			
Phone:	Fax:	E-mail:	
Business ship to address:			
City:	State:	Zip:	
Date business commenced:	Years in business:		
Sole proprietorship:	Partner:	Officer:	Officer:

Business and Credit Information

Your billing (primary) business address:			
City:	State:	Zip:	
How long at current address?			
Bank Phone #:		Bank Fax #:	
Bank Name:		ATTN:	
Bank Address:			
Bank City:	Bank State:	Bank Zip:	
Type of account:	Account number(s):		
Savings:			
Checking:			
Other:			

Trade References (Must have at least three)

Company Name:			
Address:			
City:	State:	Zip:	
Phone:	Fax:	E-mail:	
Type of account:	Account No.:		
Company Name:			
Address:			
City:	State:	Zip:	
Phone:	Fax:	E-mail:	
Type of account:	Account No.:		
Company Name:			
Address:			
City:	State:	Zip:	
Phone:	Fax:	E-mail:	
Type of account:	Account No.:		

Parties hereby agree that all purchases made are subject to the following terms and conditions:

1. All invoices are to be paid thirty (30) days from the date of the invoice. After thirty (30) days the account is considered delinquent if not paid in full. WEC shall be notified immediately of any changes regarding this.
2. By submitting this application you, the undersigned, authorizes WEC to make inquiries necessary to obtain credit information from the banking, savings and trade references you have supplied to release your information regarding your account.

Authorized Signature (s)

Title: _____	Title: _____
Date: _____	Date: _____

FOR OFFICE USE ONLY

Application Initiated By:	Date Received:	By:
Account Number:	Credit Limit:	Territory: