



TEKWELD
24 CENTRAL DR
FARMINGDALE, NY 11735-1202
(631) 694-5503

CREDIT APPLICATION

Business Name _____ Contact Name _____

Address _____ Phone # () _____ Fax # () _____

(Street) _____ (City) _____ (State) _____ (Zip) _____

D/B/A _____ Federal Tax I.D.# _____

Former Business Address _____ (if Applicable) _____ (Street) _____ (City) _____ (State) _____ (Zip) _____

Type of Business _____ Date Established _____

Ownership ☐ Sole Owner ☐ Partnership ☐ Corporation

Principal _____ (Name) _____ (Title) _____ (SS #) _____

Home Address _____ (Street) _____ (City) _____ (State) _____ (Zip) _____

Principal _____ (Name) _____ (Title) _____ (SS #) _____

Home Address _____ (Street) _____ (City) _____ (State) _____ (Zip) _____

Trade References (3 References Required)

Name _____ Account # _____ Phone # () _____ Fax # () _____

Address _____ (Street) _____ (City) _____ (State) _____ (Zip) _____

Name _____ Account # _____ Phone # () _____ Fax # () _____

Address _____ (Street) _____ (City) _____ (State) _____ (Zip) _____

Name _____ Account # _____ Phone # () _____ Fax # () _____

Address _____ (Street) _____ (City) _____ (State) _____ (Zip) _____

Bank Reference ☐ Checking ☐ Savings ☐ Loan Account # _____

Bank Name _____ Contact _____ Phone # () _____ Fax # () _____

Address _____ (Street) _____ (City) _____ (State) _____ (Zip) _____

Has the firm or any of its Principals ever been bankrupt? ☐ Yes ☐ No

If Yes, Explain _____

Applicant agrees to pay any collection costs incurred to collect the amount balance, including reasonable attorney's fees.

The Undersigned Will/Will Not submit a financial statement

The Undersigned as an inducement to grant credit warrants that the information submitted is true and correct.

The Undersigned authorizes an investigation to the credit references listed above.

Signature of Authorized Representative _____ Date _____

Print Name _____ Title _____

ASI # _____ PPAI # _____ SAGE # _____ UPIC _____