



credit application

Thank you for your interest in obtaining an open credit account with Western.
Please fill out all the information provided below.
Please fax your completed forms to 605-229-2147.
All information is kept strictly confidential.

Business Information: Property ID: _____

Business name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Accounts Payable Contact: _____

Phone: _____ Cell: _____

Persons Authorized to order:

Name: _____

Name: _____

Business type (please check one):

☐ Self owned

☐ Limited Partnership

☐ Corporation

☐ General Partnership

☐ Other, specify: _____

Incorporate in the state of _____

Tax Exempt – date began: _____

Owner/Operator Information:

1. Name of owner(s), general partners or stockholders:

Please check one: ☐ Owner ☐ General Partner ☐ Principal Stockholders

Name: _____

Title: _____

Ownership since: Month _____ Day _____ Year _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Cell: _____

Bank References:

1. Name of bank reference: _____

Acct # _____ Officer _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

2. Name of bank reference: _____

Acct # _____ Officer _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Signature _____ Date _____