|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company and Ship To Information | | | | | | | | |
| Legal Name: |  | | | **DBA:** |  | | | |
| FEDERAL ID #  Ship to Address: |  | | | | | | | |
| City: |  | | **State**: | |  | | **Zip Code:** |  |
| Contact Name:  E-mail Address: |  | | **Phone:** | |  | | **Fax:** |  |
| Purchasing Co- Operative:    Reseller:  Sales Tax exempt: | Yes  NO   |  |  |  | | --- | --- | --- | |  |  | | | Yes  NO | |  | |  |  | |   Yes NO | | If you are a member of a purchasing co-operative Please list co-op’s you are a part of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If yes, provide Resale Certificate for each applicable state.  (e-mail back with form or Fax to 479-784-2193)  (Seller’s Permit does not meet requirement for deferring sales tax)  If yes, provide SalesTax Exemption Certificate  (e-mail back with form or Fax to 479-784-2193) | | | | | |
| Are PO’s Required for invoicing: | Yes NO | | If yes, please list requirements | | | | | |
| ill To and Accounts Payable Information | | | | | | | | |
| Bill to Name: | |  | | | | **Attn:** |  | |
| Bill to Address: | |  | | | |  |  | |
| City: | |  | | | | **State:** | **Zip:** | |
| Accounts Payable Contact Name: | |  | | | |  | | |
| Accounts Payable Phone Number: | |  | | | | **A/P Fax:** |  | |
| Accounts Payable E-Mail Address: | |  | | | |  |  | |

 CUSTOMER INFORMATION FORM

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| --- |
| Please return this form with Resale or Sales Tax Exemption Certificate (if applicable).  If credit terms are being requested please include credit application. Forms can be returned to: [sgillooley@wwlinc.com](mailto:sgillooley@wwlinc.com) or Fax to 479-784-2193 Attn: Shari Gillooley |

|  |  |  |
| --- | --- | --- |
| _Pic1 | _Pic2 | Phone: 479-783-4113 Fax: 479-784-2193 1-800-242-4995 |
| Shipping Address 711 NORTH A STREET 72901-2121 Mailing Address PO Box 168 72902-0168 FORT SMITH, ARKANSAS, U.S.A.  **BUSINESS CREDIT APPLICATION** |
| ***SINCE 1898*** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Legal Name: | | | | | | Phone: | |
| Address: | | | | City: | | State/Zip: | |
| Name of Parent if Subsidiary: | | | | | | | |
| Year Business was Established: | | Fed. ID # | | | | | |
| Business is Proprietorship Partnership Corporation  Other | | | | | | | |
| Name of Owners, or Officers: | | | | | | | |
| Bill to Address: | | | City: | | | | State/Zip: |
| Business References (Must have complete name, address and FAX number) | | | | | | | |
| 1. Name: | | | | | | | Fax: |
| Address: | | | | | | | |
| 2. Name: | | | | | | | Fax: |
| Address: | | | | | | | |
| 3. Name: | | | | | | | Fax: |
| Address: | | | | | | | |
| 4. Name: | | | | | | | Fax: |
| Address: | | | | | | | |
| Your Bank: | | | | | | | Phone: |
| Checking Account No.: | | | | | | | |
| Approximate Net Worth: | Approximate Annual Sales: | | | | Years in Business: | | |
| Are premises used solely for business purposes? | | | | | | | |
| Building is:  Owned  Leased Length of Lease | | | | | | | |

A Financial Statement, including both Income Statement and Balance Sheet, should be submitted with this application.

I hereby certify that the information set forth above, together with all other information submitted in connection with this application is true and correct. I understand that Weldon, Williams & Lick, Inc. will rely on this information in extending credit to me. I have read and understand the Terms of Sale (Net 30 days from billing date on invoice) and agree that such terms apply to all transactions with Weldon, Williams & Lick, Inc

|  |  |
| --- | --- |
| Print Name: | Signature: Date: |

President President

**PERSONAL GUARANTY** (READ THOROUGHLY)

I hereby agree to pay to Weldon, Williams & Lick, Inc. all indebtedness now or hereafter owing by me to said company, whether individually, partnership or corporation.

In consideration of Weldon, Williams & Lick, Inc. extending credit to the above applicant, the undersigned does hereby individually and personally guarantee to Weldon, Williams & Lick, Inc. the sum or sums of money as may at any time hereafter become due to Weldon, Williams & Lick, Inc. from said applicant for goods sold to the applicant whether said indebtedness be in form of notes, bills, or open account. If it becomes necessary to enforce this guaranty by suit, I agree to pay interest and attorney fees as allowed by law.

|  |  |  |
| --- | --- | --- |
| Print Name: | Signature: | Date: |