



## CONFIDENTIAL CREDIT APPLICATION

Please assist the Western Extrusions credit department by completing this form. A copy of you latest financial statement will also be beneficial for our credit review. We appreciate the opportunity to serve you.

The following information is submitted for your consideration as a basis for opening an account with Western Extrusions.

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Years in business: \_\_\_\_\_

Corporation  Co-Partnership  Limited Partnership  Individual Business

Incorporated under the state laws of: \_\_\_\_\_

The Principal Owners and Stockholders are:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Address: \_\_\_\_\_

Name:	Title:	Address:

Bank: \_\_\_\_\_ Address: \_\_\_\_\_

Account # \_\_\_\_\_ Phone# \_\_\_\_\_

We expect our monthly credit requirements from Western Extrusions to be about: \$ \_\_\_\_\_

Our current supplier is: \_\_\_\_\_ You may contact: YES  NO

Western Extrusions territory sales manager: \_\_\_\_\_

We believe that our firm is financially able to meet any commitments we have made and we expect to pay Western Extrusions' invoices according to Western Extrusions' credit terms.

Date: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_



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Please see current for credit reference below:

Name	Phone#	Fax or email	Address