

Credit Application

Company: _____

Delivery Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ Fax No.: _____

Your E-Mail Address: _____

Owner(s) Name(s): _____

Shop Contact Name: _____

Purchasing Agent(s) Name: _____

Years in Business: _____ Accounts Payable Contact: _____

Do You Require?: P.O. _____ S.O. _____ Part No. _____

Bank: _____

Trade References: (Local if Possible)

Is your company affiliated, or in partnership with, any of the listed trade references?

Name	Telephone	Fax No. (Required)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

In applying for credit with Winston Heat Treating, Inc., we agree to their terms of net (30) thirty days. Customer agrees to pay all costs and attorney fees incurred in collection of all past due invoices and accounts.

Signed: _____

Title: _____

Date: _____

Office Use Only
Credit Opened: _____
Account No.: _____
Letter: _____
Route: _____

