



CREDIT APPLICATION

APPLICANT INFORMATION

Date: _____ Amount of credit requesting: _____
 Company _____ Phone # _____
 Address _____ Fax # _____
 City _____ State _____ Zip Code _____
 Business Type _____ Years at Location _____ Contact _____

All California customers must be sure to provide WSS with a fully completed "Tax Resale Certificate Form" if your purchases are exempted from CA State sales tax. If we do not receive this form, sales tax will be billed on your invoices.

Tax ID _____ Resale # _____ Email: _____

BANK INFORMATION

Bank Name _____ Account # _____
 Address _____ Phone # _____
 City _____ State _____ Zip Code _____ Fax # _____

REFERENCES

- 1) Supplier Name _____ Phone # _____
 Address _____ Fax # _____
 City _____ State _____ Zip Code _____ Account # _____
- 2) Supplier Name _____ Phone # _____
 Address _____ Fax # _____
 City _____ State _____ Zip Code _____ Account # _____
- 3) Supplier Name _____ Phone # _____
 Address _____ Fax # _____
 City _____ State _____ Zip Code _____ Account # _____
- 4) Supplier Name _____ Phone # _____
 Address _____ Fax # _____
 City _____ State _____ Zip Code _____ Account # _____

The undersigned represents and warrants that he/she is dully authorize to execute this agreement on behalf of the applicant and that the information provided is accurate. **The applicant authorizes WSS, to request the release of credit information from supplier and bank.** We agree to pay our invoices promptly and to abide by the condition of sales and will be responsible for attorney fees, collection fees, court costs and applicable miscellaneous charges should collections of overdue accounts be necessary. A service charge of 1.5% per month may be charged on past due invoices, which is an annual percentage rate of 18% on all overdue balances.

By: _____ Title: _____

Print Name: _____ Date: _____