



Capitol Welders Supply Co., Inc.
 P.O. Box 53304
 5111 Choctaw Dr.
 Baton Rouge, La. 70892-3304
 Phone: (225) 383-3717
 Fax: (225) 383-9243

Credit Application

No Account Will Be Opened Unless The Guarantee Is Signed!

Date: _____ Social Security Number: _____
 Account Name: _____ Fed ID. Number: _____
 Mailing Address: _____ Shipping Address: _____
 City, State, Zip: _____ City, State, Zip: _____
 Telephone No: () _____ Date Of Birth: _____
 Fax Number: () _____

Type Of Business: Corporation: Partnership: Individual:

Sales Tax Information

Date Business Started: _____ City: _____
 Accounts Payable Contact: _____ State: _____
 Purchasing Agent: _____ Are P.O. Numbers Required? Yes No
 Name Of Banking Institutions: _____
 Bank City, State, Zip: _____

Credit References

1. Creditor: _____ *Accounting Department Use Only!*
 Address: _____ *Pay History:* _____
 City, State, Zip: _____ *How Long:* _____
 Telephone: _____ *Recent High:* _____
 _____ *Past Due:* _____

2. Creditor: _____ *Accounting Department Use Only!*
 Address: _____ *Pay History:* _____
 City, State, Zip: _____ *How Long:* _____
 Telephone: _____ *Recent High:* _____
 _____ *Past Due:* _____

3. Creditor: _____ *Accounting Department Use Only!*
 Address: _____ *Pay History:* _____
 City, State, Zip: _____ *How Long:* _____
 Telephone: _____ *Recent High:* _____
 _____ *Past Due:* _____

In Consideration of any credit I (we, or either of us) will individually and/or jointly guarantee full and prompt payment at maturity of all invoices that CAPITOL WELDERS SUPPLY CO., INC. renders for parts or service work; and such guarantee shall remain in force until it's revocation is acknowledged in writing. Guarantor also agrees to pay all costs as well as all attorney fees should the indebtedness have to be collected by outside sources.

Guarantor's Name (Print) : _____ **Application Approved By:** _____
Guarantor's Signature : _____ **Credit Limit:** _____

