

INDIVIDUAL CREDIT APPLICATION

COASTAL WELDING SUPPLY

CREDIT DEPARTMENT

PO BOX 3029

BEAUMONT, TEXAS 77704-3029

Ph. 409.981.7700 or email: acctsreceivable@coastalws.com



First Name	Middle Initial	Last Name	Email Address
Mobile Telephone	Driver's License No.	State	Social Security No.
Delivery Address		Billing Address	
City, State, Zip		City, State, Zip	

How Long At This Address? Years Months	Present Employer	How Long Employed? Years Months
Employer Address		Employer Telephone No.
Name of Previous Employer	How Long Employed? Years Months	Previous Employer Telephone No.

Spouse's Name	Spouse's Telephone No	Spouse's Place of Employment
---------------	-----------------------	------------------------------

Bank Reference	Bank Address	
Bank Phone No.	Contact	No of Years Affiliated

Nearest Relative Not Living With You	Relative's Address	Relation	Relative's Phone No.
--------------------------------------	--------------------	----------	----------------------

All Charges to debtor's account are due and payable thirty (30) days from the date debtor purchases, leases, or rents the goods or services giving rise to the charge. A service charge of 1.5% per month (18% annual percentage rate) may be charged on all amounts that are thirty (30) days or more past due. Coastal Welding Supply, Inc. reserves the right to change any terms of this credit agreement from time to time, including the service charge rate, as it applies to the current and future balances in the account. Coastal Welding Supply, Inc. may at any time and in its sole discretion, decline to extend credit under this credit agreement for any future purchases, leases, or rents. Please visit www.coastalws.com/terms-of-sale, for Coastal Welding Supply's complete General Terms and Conditions.

In connection with my application for credit, I understand that an investigative inquiry is to be made on myself, including, but not limited to my consumer credit history. I understand that the information and reports developed will include my personal credit history. I further understand that for purposes of this inquiry, various sources will be contacted to provide information, including but not limited to various Federal, state, municipal, corporate, private and other agencies, which may maintain records concerning my current and past activities relating to my personal credit performance.

Applicant's Signature:	Printed Name:	Date:
------------------------	---------------	-------

Applicant's signature attests financial responsibility and willingness to pay all charges in accordance with our terms.

OFFICE USE ONLY	<input type="checkbox"/> Cash Cylinder Account, Cylinders on Lease	<input type="checkbox"/> 99yr Lease	CWS Branch: _____	Sales Rep: _____
Approved By: _____	Date: _____			

Additional Information for Credit Applications and Divisions

For New Account, requested Credit Limit:

If New Division, what is main account number:

Bill To Address:

Street 1: _____
Street 2: _____
City: _____
State: _____ Zip: _____

Ship To Address:

Street 1: _____
Street 2: _____
City: _____
State: _____ Zip: _____

Accounts Payable Contact Info

Name: _____
Phone: _____
Fax: _____
Email: _____

Shipping Contact Info

Name: _____
Phone: _____
Fax: _____
Email: _____

Electronic Invoicing Yes No

If Yes, Email Address: _____

Cylinder Rental PO or Paying with Credit Card

PO Number: _____

Credit Card: _____

Special Billing Instructions:

Contract: Yes No

BELOW SECTION FOR INTERNAL USE ONLY

For Accounts Receivable Only

New Acct No: _____
Branch: _____
Territory: _____
Tax Status: _____
Exemption Certificate on file? _____
Salesperson Assigned to Account _____
Credit Code: A B W

Contracts and Fees

Master Customer: _____
Usage Fees: _____
Hazmat Fees: _____
Delivery Fee: _____
Surcharges: _____
Pricing: _____

Verified by: _____

Date: _____