## ARCO WELDING SUPPLY COMPANY

1200 Eastern Avenue Malden, MA 02148 Telephone 781-324-6190 fax 781-324-0702

## CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION				
Title:				
Company name:				
Phone:	Fax:		E-mail:	
Registered company address	SS:			
City:		State:		ZIP Code:
Date business commenced:				
Sole proprietorship:	Partnership:	Corporation:		Other:
	BUSINESS AND	CREDIT INFORMATI	ON	
Primary business address:				
City:		State:		ZIP Code:
How long at current address?				
Telephone:	Fax:		E-mail:	
Tax Exempt #				
Accounts Payable Contact				
Phone #				
PO Required?				
Billing Address				
Delivery Address				
BUSINESS/TRADE REFERENCES				
Company name:				
Address:				
City:		State:		ZIP Code:
Phone:	Fax:	E-mail:		
Type of account:				
Company name:				
Address:				
City:		State:		ZIP Code:
Phone:	Fax:	E-mail:		
Type of account:				
Company name:				
Address:				
City:		State:		ZIP Code:
Phone:	Fax:	E-mail:		
Type of account:				
AGREEMENT				
1. All invoices are to be paid 30 days from the date of the invoice.				
2. Claims arising from invoices must be made within seven working days.				
3. By submitting this application, you authorize ARCO Welding Supply Company, Inc to make inquiries into the banking and business/trade references that you have supplied.				
SIGNATURES				

Title:

Date:

Title:

Date: