



PERSONAL ACCOUNT APPLICATION

WESCO GAS & WELDING SUPPLY INC.

Corporate Headquarters
PO Box 10546
Prichard, AL 36610
251-378-4140

APPLICANT: Please read the following before completing this form. 1) Applicant represents that the information given in this application is complete and accurate and authorizes us to check with reporting agencies, credit references, and other sources disclosed to verify applicant information now and in the future for legitimate business purposes and to assess credit worthiness. 2) Applicant requests personal charge account if approved. 3) The undersigned applicant agrees to the terms and conditions of net 30 days from invoice. A 1.5% monthly finance charge will be assessed on all unpaid invoices; prorated based on the number of days past due (minimum \$2.00). All costs of collection and/or legal fees are the responsibility of applicant. 4) Returned checks are subject to the maximum fee allowed. Payment by check is subject to electronic conversion. If help is needed in completing this application, call our credit department at **251-378-4140**. For expedited processing, fax to 251-378-4130 and send the signed original application by mail to the corporate headquarters' address above.

Legal Name (First, MI, Last)

Primary Telephone: Home Cell

Billing: Mailing Address

Alt. Telephone: Home Cell Work

City, State, & Zip Code

E-Mail Address

Shipping: Street Address

Date of Birth

City, State, County, & Zip Code

Social Security Number

Employer Name

City & State

Driver's License State & Number

Occupation

Income: Weekly Monthly

Telephone

Years Employed

Additional Person Authorized to Charge on Account (if any)

Relationship to Applicant

Provide Invoices by

Fax E-Mail

Additional Person Authorized to Charge on Account (if any)

Relationship to Applicant

Fax or Email Address for Invoices

BUSINESS BANK & TRADE REFERENCES: Please provide your primary bank information and (3) three trade references with which you maintain significant balances:

Primary Bank Name

Account Number

Bank Address, City, State, Zip

Company Name

City & State

Account Number

Telephone

Company Name

City & State

Account Number

Telephone

Company Name

City & State

Account Number

Telephone

AUTHORIZED SIGNATURE (Required): I agree to the terms and conditions as stated above.

Signature

Date

OFFICE USE ONLY: Date: ___/___/___ Branch: _____ SID#: _____ CL: _____ Approved | Declined By: _____ (20180215kk 1.8)