



# STUD WELDING PRODUCTS, INC.

800-252-1919 – 562-923-7883 – www.StudWeldProd.com

THANK YOU FOR CONSIDERING US AS ONE OF YOUR SUPPLIERS. IN ORDER TO PROPERLY SERVE YOUR PRODUCT NEEDS, WE NEED TO HAVE THE FOLLOWING CREDIT INFORMATION.

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Billing Address \_\_\_\_\_ FAX # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Shipping Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Check One:  Individual  Partnership  Corporation  Other \_\_\_\_\_

Type of Business \_\_\_\_\_ Date Business Founded \_\_\_\_\_

Resale **MUST INCLUDE SIGNED RESALE CERTIFICATE**

Amount of Credit Requested: \$ \_\_\_\_\_ Terms Desired: \_\_\_\_\_ Days

### ACCOUNTS PAYABLE:

How would you like to be invoiced? (Circle One): Email (paperless) or Mail

A.P Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### OFFICERS OF THE CORPORATION:

1. President \_\_\_\_\_

2. Secretary \_\_\_\_\_

If a subsidiary, list name and address of home office or parent company \_\_\_\_\_

If any fictitious names or DBA's list \_\_\_\_\_

### CREDIT REFERENCES:

1. Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ FAX # \_\_\_\_\_ **REQUIRED**

2. Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ FAX # \_\_\_\_\_ **REQUIRED**

3. Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ FAX # \_\_\_\_\_ **REQUIRED**

Name of Bank \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_ Account # \_\_\_\_\_

Check One:  Savings  Checking  Other

**FREIGHT: OUR PRICES ARE FOB OUR WAREHOUSE UNLESS OTHERWISE STATED  
DO YOU PREFER FREIGHT CHARGES: ( ) COLLECT ( ) PREPAY & BILL**

# STUD WELDING PRODUCTS CREDIT AGREEMENT

For obtaining an open account with SWP, the information offered on the reverse side of this application is a true and accurate statement.

The undersigned agrees to the following:

1. All invoices will be paid within 30 days from the date of invoice unless special arrangements are made beforehand.
2. This agreement does not waive seller's rights to file or enforce any lien or liens.
3. SWP, INC must approve any provision not deemed acceptable by the undersigned. The provisions of this agreement are severable and if one or more provisions may be determined to be legally or otherwise unenforceable, the remaining provisions nevertheless will be binding and enforceable.

I/WE HEREBY AUTHORIZE STUD WELDING PRODUCTS, TO VERIFY ALL OR PART OF THE CONFIDENTIAL DISCLOSURES ON THE REVERSE SIDE OF THIS APPLICATION AND TO VERIFY THE CREDIT STATUS OF EXISTING LINES OF CREDIT.

DATED: \_\_\_\_\_ 20\_\_\_\_\_

COMPANY: \_\_\_\_\_

BY (Name and Title): \_\_\_\_\_

\_\_\_\_\_  
Driver's License No.

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## Personal Guarantee

(Fill in name of company granting credit)

In consideration for \_\_\_\_\_ extending credit to the business identified below for any materials and/or services after this date at the request of applicants or its agents, the undersigned individual hereby personally guarantees unconditionally and irrevocably the prompt payment of any sums now or hereafter owed to \_\_\_\_\_ by the business identified below whether said sums are due under open account, contract or otherwise.

It is understood and agreed that credit, if extended, is to be on a continuing basis and may exceed estimated maximum credit limit required as stated in the credit agreement between \_\_\_\_\_ and the business. \_\_\_\_\_ shall not be obligated to notify the undersigned of the dates or amounts of any such credit and the undersigned waives demand, notice of default and any extension of time or any other forbearance which may be extended by \_\_\_\_\_.

This guaranty shall continue in force until notice in writing, sent by registered or certified mail, return receipt requested is received by \_\_\_\_\_. Said notice shall specify the date on which this guaranty is to be terminated, said date not to be less than seven days after such notice is received. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
(Name of person guaranteeing payment, NO TITLE)

Home address \_\_\_\_\_

Home Phone # \_\_\_\_\_ SS# \_\_\_\_\_

Signature of person guaranteeing payment \_\_\_\_\_

Name of Business whose account is guaranteed \_\_\_\_\_

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CREDIT DEPARTMENT USE ONLY

Date: \_\_\_\_\_

Line of Credit Approved / Denied

Amount \$ \_\_\_\_\_