



APPLICATION FOR CREDIT

Return Information

Mail to:

P.O. Box 24118, Tempe, Arizona 85285

or, fax to:

480-889-4419

or, e-mail completed and signed PDF attachment to:

pdrozdowicz@wist.com

Legal Name: _____

dba: _____

Address: _____

Company Telephone Number: _____

City, State Zip Code: _____

Fax Number: _____

Billing Address (if different from above): _____

Year Business Established: _____

Name of Organization Principal: _____

Person Responsible for Accounts Payable: _____

Contact Telephone Number: _____

E-mail Address: _____

If Subsidiary, Name of Parent Corporation: _____

Address of Parent Company (if different than subsidiary) _____

Proprietorship _____

Partnership _____

Corporation _____ (State _____)

Federal Tax ID#: _____

Tax Exempt? Y / N
If Yes, Completed State Affidavit must be submitted

Tax Exempt #: _____

Credit Limit Desired: _____

BANKING REFERENCES

Bank Name: _____ Branch Location: _____ Telephone #: _____ Contact: _____

Bank Name: _____ Branch Location: _____ Telephone #: _____ Contact: _____

TRADE REFERENCES

Company: _____ Address: _____ Telephone #: _____ Account # (if any): _____

Company: _____ Address: _____ Telephone #: _____ Account # (if any): _____

Company: _____ Address: _____ Telephone #: _____ Account # (if any): _____

