

# McKINNEY WELDING SUPPLY CO., INC.

1145 BRONX RIVER AVENUE  
BRONX, NEW YORK 10472  
PHONE# 718.328.3863 FAX# 718.328.3649

## CREDIT APPLICATION

Company Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Company President or Office Manager: \_\_\_\_\_

Company Bank: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Fax#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code#: \_\_\_\_\_

Bank Officer or Credit Manager: \_\_\_\_\_

Account Number – Checking Account: \_\_\_\_\_

### REFERENCES:

1. Company Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ Fax#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2. Company Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ Fax#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Company Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ Fax#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

The following conditions of sale are hereby acknowledged and agreed to:

- a. Payment on all purchases is due and payable within thirty (30) days after invoice.
- b. Vendor may, as its option, charge interest at the rate of 1 ½ % per month on any sums not timely paid.
- c. Purchaser shall be liable for attorney's fees equal to 25% of the unpaid balance if past due account is placed in the hands of an attorney for collection.
- d. Purchaser shall be liable for replacement charge of \$200.00 per cylinder for each tank not returned within ninety (90) days after delivery.
- e. The undersigned, to introduce the granting of credit, personally guarantees any and all obligations of Purchaser to Vendor.

**PRINT:** \_\_\_\_\_

**SIGN:** \_\_\_\_\_

Individually and as an Officer of the Firm