



SIDNEY LEE WELDING SUPPLY, INC.

www.sidneylee.com

P. O. Box 429

2247 Highway 41

Hampton, GA 30228

Ph 770-946-4287 • Fax 770-946-8448



CONFIDENTIAL CREDIT APPLICATION

(PAGE 1 OF 2 PGS.)

Company's Legal Name _____ Main Phone # _____

DBA/Trade Name _____ Main Fax # _____

Billing Address _____ Fed.Tax ID # _____

City _____ State _____ Zip _____ State & Date of Incorporation _____

Name of Principal Officer _____ SS # _____

City _____ State _____ Zip _____ Website _____

Years in Business ____ Legal Form of Business: C-Corp S-Corp Ltd Partnership Gen Partnership Sole Prop NonProfit LLC

Jobsite Name _____ JOBSITE TYPE: Public Private

Jobsite Address _____

City _____ State _____ Zip _____

Jobsite Contact _____ Phone _____ Fax _____

General Contractor Name & Address _____

P.O. Required? Yes No (If "Yes", please provide a copy of your Purchase Order.)

Tax Exempt? Yes No (If "Yes" please attach the applicable certificate(s). NOTE: If certificates are not provided, you will be charged applicable tax.)

Accounts Payable Contact _____ E-mail address _____

Accounts Payable Phone # _____ Comptroller/CFO _____

Principal Trade References (Include other welding supply distributors):

ESTIMATED MONTHLY PURCHASES: \$ _____

Name _____

Name _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone _____ Acct. # _____

Phone _____ Acct. # _____

I hereby certify that the information in this credit application is correct. The information provided is for the use of Sidney Lee Welding Supply, Inc., in determining the amount of credit to extend. I understand that Sidney Lee Welding Supply, Inc., may utilize other sources of credit information in making this determination. Further, I hereby authorize the trade references listed to release the information necessary in making this determination. I agree to and accept the Terms and Conditions on page 2 of this Application.

Signature _____ Title _____ Date _____

- Application must be completed by any authorized representative of the company requesting credit.
• IF TAX EXEMPT, PLEASE INCLUDE TAX EXEMPTION CERTIFICATE.

PLEASE ADVISE US ON HOW YOU WOULD LIKE TO RECEIVE YOUR INVOICES/STATEMENTS:

By Mail By Fax By E-mail E-mail address _____ Attn _____

TERMS: NET 30 DAYS FROM THE INVOICE DATE.

Any account balance unpaid at sixty (60) days will be reasonable cause for the account to be placed on C.O.D. Any account with an account balance at ninety (90) days may be placed with a legal representative of the company for the appropriate collections unless arrangements have been made previously to satisfy the outstanding balance.

Sidney Lee Welding Supply, Inc., will calculate and include service charges at a rate of 1.5% per month on all balances which are unpaid sixty (60) days after invoice date. They will also charge the customer all costs and expenses incurred in collection this account including, but not limited to court costs, service fees, and a collection fee of 20%.

ALL RENTED CYLINDERS ARE THE PROPERTY OF SIDNEY LEE WELDING SUPPLY, INC., AND THE COMPANY RESERVES THE RIGHT TO RECLAIM RENTED CYLINDERS ONCE ANY CUSTOMER'S BALANCE REACHES NINETY (90) DAYS UNPAID.

The undersigned hereby understands and accepts the terms outlined above.

Signature _____ Title _____

Date _____

TO BE FILLED IN BY SIDNEY LEE CREDIT DEPARTMENT

Salesman's name or number _____

Credit Limit: _____ Approved by: _____ Date: _____

Remarks: _____