



Industrial & Welding Supplies

600 N. Second St. Coldwater, OH 45828
(419) 678-2397 F (419) 678-8279

1110 Sweitzer St. Greenville, OH 45331
(937) 548-1202 F (937) 548-2476

CHARGE ACCOUNT APPLICATION

Applicant Name _____

Date ____/____/____

Bill Address: _____

Shipping Address: _____

City _____

City _____

State _____ Zip _____

State _____ Zip _____

Person to Contact: _____

Person to Contact: _____

Phone# ____/____/____

Phone# ____/____/____

Preferred method of invoice receipt: USPS ____ E-mail ____ Invoice E-mail _____

Expected Monthly Purchases _____ (see reverse side #3)

Corporation () Yes () No

How long have you been in business? _____ years

Partnership () Yes () No

Vendor or Federal ID No. _____

Will Purchases be Tax Exempt? Yes No
(If YES, return with tax exemption certificate)

Are Purchase Order required? () Yes () No

Do you want invoices emailed? () Yes () No

Trade References: Three required (other than bank or credit cards)

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State: _____

City: _____ State: _____

Fax _____ Zip: _____

Fax _____ Zip: _____

Phone: _____

Phone: _____

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State: _____

City: _____ State: _____

Fax _____ Zip: _____

Fax _____ Zip: _____

Phone: _____

Phone: _____

Bank Name: _____

Bank Name: _____

Address: _____

Address: _____

MORE ON REVERSE SIDE



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TERMS:

- 1) Interest will be charged on all invoices not paid within 30 days of invoice date (2% per month or 24% annual rate)
- 2) All PAST DUE accounts are subject to Cash or Delivery (C.O.D.)
- 3) \$400,00 yearly average is normally required for open account status.

In any event, if any charges(s) ever occurring on this account, are placed for collection or suit, I agree to pay all collection charges, costs, attorney fees, and legal interest on all charges not paid. In consideration of extending credit to the proceeding named, I do hereby guarantee the payment of such sum or sums of money as may be due to any work, service or goods purchased through Lefeld Welding & Steel Supplies, Inc..

I understand and agree to meet Lefeld Welding & Steel Supplies, Inc. terms of Net 30 days if an account is established. I also certify that all information given herein is true and correct, and authorize any credit inquires necessary to establish this account.

Date: ____/____/____ Company Name : _____
 Signed By: _____
 Title: _____

This form must have signature of applicant, or authorized representative of applicant, before credit approval information can be obtained and charge account established.

Thank You!

Please return the application to: LEFELD INDUSTRIAL AND WELDING SUPPLIES, 600 N. Second St., Coldwater, OH 45828

THANK YOU FOR CHOOSING LEFELD'S

For LEFELD Internal Use	NOTES: _____	Req-d Date ____/____/____
() Coldwater	_____	ASSIGNED TO _____
() Greenville	_____	Primary Contact _____
Application given by _____	_____	Completion Date ____/____/____
Sales Representative _____		

Send or fax application to Coldwater Office