



New Bedford Welding Supply Inc.  
 P.O. Box 951, New Bedford, MA 02741  
**Phone:** (508) 997-2051 • **Fax:** (508) 992-9670  
**Email:** [sales@nbweldingsupply.com](mailto:sales@nbweldingsupply.com)

## Credit Application

Thank you for expressing an interest in becoming one of our valued customers. In order to establish open credit with New Bedford Welding Supply Inc. Please fill out this credit application, sign it, & email to [sales@nbweldingsupply.com](mailto:sales@nbweldingsupply.com) or fax to 508-992-9670. **A state tax certificate form MUST be returned with this application to process your orders tax exempt.**

PLEASE COMPLETE AND SIGN THIS APPLICATION

Ship To:	
Name	
Address	
City	
State	Zip

Bill To:	
Name	
Address	
City	
State	Zip

### Accounts Payable Info:

Name	
Email	
Phone	Fax

Email Invoices and Statements?
Fax Invoices and Statements?
Purchase Order Required?

Name of Owner
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Address
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City, State, Zip Code

	Sole Proprietorship	Partnership	Corporation
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Date Business Started	Requested Credit Line	FED I.D. #/Social Security #/F/V Documentation#Resale Cert.#

### For Individual Applications (non-commercial) Only

Employer	
Address	
City	
State	Zip

Number Of Years Employed	
Contact	
Phone	Fax
Email	

Do You Own Your Own Home?	
Cell Phone #	




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**Trade References**

**Incomplete Applications Cannot Be Processed**

Company
Address
City
State                      Zip

Acct #
Contact
Phone                                      Fax
Email

Company
Address
City
State                      Zip

Acct #
Contact
Phone                                      Fax
Email

Company
Address
City
State                      Zip

Acct #
Contact
Phone                                      Fax
Email

**Bank Info:**

Bank
Address
City
State                      Zip

Phone
Contact
Acct #
Checking                      Savings

The applicant guarantees that the information contained in this application is true and correct to the best of his/her information and belief, and realizes it will be relied upon in the granting of future credit. Applicant authorizes a credit inquiry and a release of credit information, including but not limited to, the obtaining of a credit report and agrees to furnish additional credit references and other pertinent information if requested. If granted credit, I/we agree to pay all invoices within 30 days of the invoice date and pay any interest on past due balances. In the event it is necessary that the account be placed with others for collection, I/We agree to pay collection costs and/or attorney's fees. It is agreed that my/our account may convert to prepay status if I/we fail to pay within stated terms. Applicant personally guarantees payment of any and all indebtedness of applicant.

\_\_\_\_\_  
 Authorized Signature of Applicant

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date