## **WSL Credit Terms Application**

To Our Valued Customer:

It is our goal to provide you with the best and most efficient service available. In order for us to expedite the processing of this credit application, we request that you fully complete it. Should we require additional information in order to make a fair evaluation, you will be notified by the Credit Department or your sales person. Thank you.

Business Name:	Principal Owners or All Partners
Business Address:	Title:
	First name:Last name:
City:	Email:Phone:
	Diancii Lucation.
State Zip: County:	
Business Phone:	
Fax:Email:	
Website:	Branch Location:
Type of Business: Corporation Partnership Proprietorshi LLC LLP Other (Please specify:	)
Year Established: If incorporated, what state	
Federal Tax ID:	City: State:
Does applicant pay sales tax? Yes No	Zip Code: Phone:
Resale Certificate #	Checking Bank Name:
If no, a copy of sales tax certificate must be	
submitted for processing of credit terms.	Checking Account Information: We will call you for this information upon receipt of your application.
Business Trade References:	
(List at least 3 firms where business credi	t has been established, or a trade reference sheet.)
**Must include fax nu	umbers and email addresses**
Creditor #1:	Creditor #2:
First name: Last:	First name: Last:
Address:	Address:
City: State:	City: State:
Zip: Phone:	Zip: Phone:
Fax:	Fax:
Creditor #3:	
First name: Last:	Phone: Fax:
Address:	
City: State:	_Zip:

Please email to beth@wslusa.com, or fax to (770) 948-0689