



Accounts Receivable  
 P. O. Box 179  
 North Lakewood, WA 98259  
 (360) 658-5617  
 www.centralwelding.com

**PLEASE EMAIL TO AR@CENTRALWELDING.COM  
 OR FAX ATTN: CREDIT DEPARTMENT TO (360) 658-5457**

<b>FOR CWS USE ONLY</b>	STORE #	SALESMAN	APPROVED <input type="checkbox"/> YES / <input type="checkbox"/> NO	LETTER SENT	ACCOUNT #
-----------------------------	---------	----------	--	-------------	-----------

**MEDICAL CREDIT APPLICATION**

REQUESTED ACCOUNT NAME		PHONE		FAX	
MAILING ADDRESS		CITY		STATE	ZIP
STREET OR SHIP TO ADDRESS		CITY		STATE	ZIP
TYPE OF BUSINESS			BUSINESS EMAIL		
<b>CONTACT INFO:</b>					
NAME OF DOCTOR			NAME OF DOCTOR		
PHONE	FAX		PHONE	FAX	
EMAIL			EMAIL		
ACCOUNTS PAYABLE CONTACT					
PHONE		FAX		EMAIL	
ARE PURCHASE ORDERS REQUIRED? <input type="checkbox"/> YES / <input type="checkbox"/> NO	NUMBER OF INVOICE COPIES REQUIRED		ARE STATEMENTS REQUIRED? <input type="checkbox"/> YES / <input type="checkbox"/> NO		
MEDICAL LICENSE # (PLEASE SUBMIT COPY OF MEDICAL LICENSE WITH APPLICATION)				FEDERAL I.D. #	
NAME & PHONE # OF PERSON RESPONSIBLE FOR AUTHORIZING PAYMENT			EMAIL FOR INVOICES/STATEMENTS		
PRESENT/PREVIOUS WELDING GAS SUPPLIER			ARE RENTAL CYLINDERS REQUIRED? <input type="checkbox"/> YES / <input type="checkbox"/> NO	HOW MANY?	

**PERSONAL GUARANTY**

In consideration of the extension of credit to applicant, the undersigned does hereby personally and unconditionally guarantee to pay Central Welding Supply Co., Inc. on demand any sum which is now due and any which may become due by applicant whenever applicant fails to pay within terms of this contract. The undersigned further guarantees to pay any and all interest, late charges, attorney's fees, costs or collection charges. Jurisdiction shall be in Snohomish County, Washington. Applicant waives all suretyship defenses.

PRINT NAME	SIGNATURE	DATE
PRINT NAME	SIGNATURE	DATE

**TERMS: Net 30**

Our firm is financially able to meet any commitments we have made, and the undersigned is authorized to open a charge account for our firm. We hereby agree to pay our account within the terms of sale as stated on each invoice. We further agree to pay a service charge of 1 1/2 % per month (18% per annum) on all amounts not paid within the stated terms of sale.

If collection or legal action is necessary to collect our debt to Central Welding Supply (CWS), we hereby agree to pay all costs including, but not limited to, all collection agency fees, reasonable attorney's fees, together with court fees or any additional costs. At the option of CWS in an action to recover any portion of our account, the venue of such action may be laid in any county selected by CWS.

We will inform CWS immediately, by certified mail directed to the credit department, of any changes in this information or our interest or position in any partnerships or corporations which purchase merchandise from CWS. Unless otherwise notified in writing, CWS may rely on the information on this application.

We hereby authorize any of the credit and/or bank references listed in this application to provide CWS with any and all information requested. We understand and acknowledge that the information given herein is true and correct.

COMPANY NAME	DATE		
SIGNATURE	TITLE	SIGNATURE	TITLE