

F. S. WELSFORD COMPANY, INC.

310 Commerce Drive
Exton, PA 19341
Tel: 1.800.638.9229, Fax: 1.610.524.1439
Email: Info@fswelsford.com
www.fswelsford.com

Credit Application Form

A completed and signed application is required prior to establishing an open credit account with F.S. Welsford Co. Please allow for 3-5 business days for processing.

Legal Name of Business _____

DBA (if different) _____

Billing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Type of Ownership: Corporation Partnership Sole-Proprietorship Non-Profit Government

Tax Exempt Yes No Federal Tax ID# _____

(if Yes include copy of exemption certificate)

Accounts Payable Contact _____

Phone _____ Fax _____ Email _____

D&B# _____ SIC Code _____ # of Years in Business _____

Payment Terms:

- Payment is due 30 days from date of invoice
- A 1.5% monthly service charge is added to all invoices 15 days past due
- All accounts 30 days past due are automatically placed on credit hold
- If litigation is commenced to collect on an outstanding account, the prevailing party in such litigation shall be awarded by the court attorney's fees and costs incurred in such litigation to all other amounts ordered by the court
- Our business relationship is governed by Pennsylvania law. The venue for any litigation pertaining to our business relationship shall be West Chester, Pennsylvania.
- The limit of your open account may be increased or decreased from time to time in the sole discretion of ValveMan.
- ValveMan has the right to obtain credit references from sources other than the ones given by the customer
- The customer affirms that he/she is a responsible officer for the organization making this application for credit

Signature

Date

Name and Title (Please Print)

Return by email to: nmullen@fswelsford.com or by Fax to: 610-524-1439

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TRADE REFERENCES

Bank Name _____ Branch _____

Address _____ Fax _____

Bank Contact _____ Phone _____

Business Name _____

Address _____

Contact _____ Phone _____ Fax _____

Business Name _____

Address _____

Contact _____ Phone _____ Fax _____

Business Name _____

Address _____

Contact _____ Phone _____ Fax _____

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