



P.O. BOX 6646 E'PORT • 80-88 FRONT ST.  
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<b>CREDIT APPLICATION</b>					
<b>COMPANY INFORMATION</b>					
LAST:	FIRST:	TITLE:			
COMPANY NAME:				TAX ID:	
ADDRESS:					
CITY:		STATE:		ZIP:	
PHONE:		FAX:		EMAIL:	
DATE BUSINESS COMMENCED:					
PROPRIETORSHIP: <input type="checkbox"/>		CORPORATION: <input type="checkbox"/>		PARTNERSHIP: <input type="checkbox"/>	
<b>BUSINESS AND CREDIT INFORMATION</b>					
IF DIVISION/SUBSIDIARY, NAME OF PARENT COMPANY:				IN BUSINESS SINCE:	
ADDRESS:					
CITY:		STATE:		ZIP:	
PHONE:		FAX:		EMAIL:	
BANK NAME:					
BANK ADDRESS:				BANK PHONE:	
CITY:		STATE:		ZIP:	
TYPE OF ACCOUNT:		ACCOUNT NUMBER:			
SAVINGS <input type="checkbox"/>					
CHECKING <input type="checkbox"/>					
OTHER <input type="checkbox"/>					
<b>BUSINESS / TRADE REFERENCES</b>					
COMPANY NAME:		COMPANY NAME:		COMPANY NAME:	
CONTACT NAME:		CONTACT NAME:		CONTACT NAME:	
ADDRESS:		ADDRESS:		ADDRESS:	
PHONE:		PHONE:		PHONE:	
FAX:		FAX:		FAX:	
EMAIL:		EMAIL:		EMAIL:	
ACCOUNT TERMS:		ACCOUNT TERMS:		ACCOUNT TERMS:	
<b>AGREEMENT</b>					
1. ALL INVOICES ARE TO BE PAID 30 DAYS FROM THE DATE OF THE INVOICE. 2. CLAIMS ARISING FROM INVOICES MUST BE MADE WITHIN SEVEN WORKING DAYS 3. CUSTOMER PAYS FREIGHT. ALL SHIPMENTS FOB ORIGIN. 4. BY SUBMITTING THIS APPLICATION, YOU AUTHORIZE IMPERIAL WELD RING CORPORATION TO MAKE INQUIRIES INTO THE BANKING AND BUSINESS/TRADE REFERENCES THAT YOU HAVE SUPPLIED.					
<b>SIGNATURES</b>					
TITLE:			TITLE:		
DATE:			DATE:		