Wallingford Sales Company
Credit Application

Application Date: _____/_____/200___

Business Name:	D-U-N-S # :	Year Founded:
☐ Sole Proprietorship – Owner's Name:		SS #: - -
☐ Partnership – List Partners:		
		Tax #:
☐ Corporation – State Incorporated In:	Yr:	Fed Id #:

TAX EXCEMPT – Yes ☐ No ☐ (If Yes, please fax certificate to 888-721-2763)

BILLING ADDRESS:	**Accounts Payable: List primary account staff**
Street/P.O. Box:	Name:
	Phone #: / / ext:
City:	FAX #: / /
State: ZIP:	E-Mail:

May we E-Mail or FAX invoices to your Accounts Payable Dept: Yes ☐ No ☐

SHIPPING ADDRESS:	**List primary Shipping Contact**
Street/P.O. Box:	Name:
	Phone #: / / ext:
City:	FAX #: / /
State: ZIP:	E-Mail:

Purchasing Agent(s): List all employees who are authorized to place orders

Name:	Name:
Phone #: / / ext:	Phone #: / / ext:
FAX #: / /	FAX #: / /
E-Mail:	E-Mail:
Name:	Name:
Phone #: / / ext:	Phone #: / / ext:
FAX #: / /	FAX #: / /
E-Mail:	E-Mail:

Do you require PURCHASE ORDER NUMBERS? Yes ☐ No ☐

P.O. Box 2609, Bentonville, AR 72712 · Toll-Free 866-977-2537 · FAX 888-721-2763
E-Mail: doug@WallingfordSales.com · Website: www.WallingfordSales.com

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Bank References:

Bank Name:	Bank Name
Address/Branch:	Address/Branch:
City: State: ZIP:	City: State: ZIP:
Phone #: / /	Phone #: / /
FAX #: / /	FAX #: / /
Account #	Account #:
Account Representative:	Account Representative:

Trade References:

Company:	Company:
Address:	Address:
Phone #: / /	Phone #: / /
FAX #: / /	FAX #: / /
Account #:	Account #:
Company:	Company:
Address:	Address:
Phone #: / /	Phone #: / /
FAX #: / /	FAX #: / /
Account #:	Account #:

Credit Review Authorization & Invoice Payment Agreement:

I/We authorize Wallingford Sales Company to review my/our credit history as to establish an open account. This review can include, but is not limited to, a check on the company's credit history as well as that of the principals. By signing below, I/we authorize my/our bank(s) and trade references to release any and all credit information.

I/We agree to pay all invoices within the terms as indicated on each invoice. Past due accounts are subject to the highest interest rates permitted by law.

Signature:	Title:	Date:
Signature:	Title:	Date:

Office Use Only:

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