



# Wallingford Sales Company Credit Application

Application Date: \_\_\_\_/\_\_\_\_/20\_\_

Business Name:	D-U-N-S # :	Year Founded:
<input type="checkbox"/> Sole Proprietorship – Owner's Name:		SS #: - -
<input type="checkbox"/> Partnership – List Partners:		Tax #:
<input type="checkbox"/> Corporation – State Incorporated In:	Yr:	Fed Id #:

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

<b>BILLING ADDRESS:</b>	<b>Accounts Payable: List primary account staff</b>
Street/P.O. Box:	Name:
City:	Phone #: / / ext:
State: ZIP:	FAX #: / /
	E-Mail:
May we E-Mail or FAX invoices to your Accounts Payable Dept: Yes <input type="checkbox"/> No <input type="checkbox"/>	

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

<b>Purchasing Agent(s): List all employees who are authorized to place orders</b>	
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



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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:

**Personal Guarantee:**

**Personal Guarantee For** \_\_\_\_\_

(Applicants' Company Name)

The undersigned guarantees payment of all indebtedness incurred by the above applicant to Wallingford Sales Company, whether now due or hereafter incurred. The undersigned also agrees to pay Wallingford Sales Company reasonable attorney's fees and/or collection costs incurred in the collection of such indebtedness. It shall not be necessary for Wallingford Sales Company in order to enforce the obligations of the undersigned hereunder to first institute suit or pursue or exhaust its remedies against the applicant. If more than one individual signs below, each shall be liable hereunder jointly and severally. The guarantees shall remain in full force and effect until released by Wallingford Sales Company in writing or until notice is received by Wallingford Sales Company from the undersigned, although such notice by the undersigned shall apply only to indebtedness arising thereafter and shall not affect the guarantee of indebtedness then existing. Please note that a signature followed by a corporate title invalidates the personal guarantee.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Office Use Only:**

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