



# Application for Credit

## SIMS WELDING SUPPLY CO., INC.

STORE
COMPANY REP. <b>WEB</b>

**CORPORATE OFFICE**  
 2445 South St.  
 LONG BEACH, CA 90805  
 (562) 728-5500  
 Fax (562) 728-5530

6060 Washington Blvd.  
 CULVER CITY, CA 90232  
 (310) 815-1777  
 Fax (310) 815-8510

15444 Slover Ave.  
 FONTANA, CA 92337  
 (909) 357-4444  
 Fax (909) 357-4489

13245 Maclay St.  
 SYLMAR, CA 91340  
 (818) 898-2222  
 Fax (818) 898-2223

1000 E. Anaheim St.  
 WILMINGTON, CA 90744  
 (310) 816-1250  
 Fax (310) 816-1260

18903 S. Main St.  
 GARDENA, CA 90248  
 (310) 327-6651  
 Fax (310) 217-1641

1200 North Blue Gum  
 ANAHEIM, CA 92806  
 (714) 630-2121  
 Fax (714) 630-2111

### COMPANY INFO:

Company Name \_\_\_\_\_

Billing / Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Invoice Delivery Method E-Mail Fax Print/Mail Fax: \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Type of Business Corporation Partnership Sole Proprietorship

Federal Tax ID/SSN \_\_\_\_\_ Resale Number \_\_\_\_\_

Years in Business \_\_\_\_\_ Nature of Business \_\_\_\_\_

Requested Monthly Usage \$ \_\_\_\_\_ Purchase Order Required Yes No

Shipping Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_

### OWNER INFO:

Owner's Full Name \_\_\_\_\_

Owner's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Owner's Social Security Number \_\_\_\_\_

Partner's Full Name (Partnership) \_\_\_\_\_

Partner's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Partner's Social Security Number \_\_\_\_\_

### REFERENCES:

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Acct No \_\_\_\_\_ Contact \_\_\_\_\_

Trade Reference \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Acct No \_\_\_\_\_ Contact \_\_\_\_\_

Trade Reference \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Acct No \_\_\_\_\_ Contact \_\_\_\_\_

Trade Reference \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Acct No \_\_\_\_\_ Contact \_\_\_\_\_

Applicant's signature attest financial responsibility, ability and willingness to pay our invoices in accordance with our terms. Applicant agrees to pay reasonable attorney fees, plus interest in case of default in compliance with terms.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_