WESCO GAS & WELDING SUPPLY INC

HEADQUARTERS: P.O. BOX 10546, PRICHARD, ALABAMA 36610

INDIVIDUAL ACCOUNT REQUEST

APPLICANT - - PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS FORM. 1) APPLICANT REPRESENTS THAT THE INFORMATION GIVEN IN THIS APPLICATION IS COMPLETE AND ACCURATE AND AUTHORIZES US TO CHECK WITH CREDIT REPORTING AGENCIES, CREDIT REFERENCES, AND OTHER SOURCES DISCLOSED TO VERIFY INFORMATION ON ME NOW AND IN THE FUTURE FOR LEGITIMATE PURPOSES. 2) APPLICANT REQUESTS PERSONAL CHARGE ACCOUNT IF APPROVED. 3) THE UNDERSIGNED APPLICANT AGREES TO THE TERMS AND CONDITIONS OF NET 30 DAYS FROM DATE OF INVOICE. BALANCES OVER 35 DAYS OLD ARE SUBJECT TO FINANCE CHARGES USING A MONTHLY PERIODIC RATE OF 1.5 PERCENT THAT IS AN ANNUAL RATE OF 18 PERCENT. ACCOUNTS PLACED FOR COLLECTION, APPLICANT WILL PAY ALL COLLECTION COSTS AND/OR ATTORNEY FEES. 4) THERE WILL BE A $25.00 FEE ON ALL RETURNED CHECKS. **ALL AREAS MUST BE COMPLETED**. 07/2010 REVISION

IF YOU HAVE ANY QUESTIONS REGARDING THE COMPLETION OF THIS APPLICATION PLEASE CALL **(251) 378-4137** OR **800-477-9353**

CREDIT INFORMATION

_____

FULL LEGAL LAST NAME FIRST MIDDLE SOCIAL SECURITY NUMBER

_____

MAILING ADDRESS CITY PARISH / COUNTY STATE ZIP CODE

_____

PHYSICAL ADDRESS (STREET) CITY PARISH / COUNTY STATE ZIP CODE

(____)_____ (____)_____ _____ _____ WEEKLY OR MONTHLY _____

HOME PHONE CELL PHONE EMAIL ADDRESS INCOME CIRCLE ONE OCCUPATION

_____(_____)_____

EMPLOYER CITY STATE PHONE YEARS OF SERVICE

PERSONS AUTHORIZED TO CHARGE ON ACCOUNT OTHER THAN APPLICANT, IF ANY:

_____

NAME RELATIONSHIP TO APPLICANT

_____

NAME RELATIONSHIP TO APPLICANT

BANK AND PERSONAL REFERENCES

PRIMARY BANK ADDRESS CITY STATE ZIP CODE ACCOUNT NUMBER

_____

PLEASE LIST 3 REFERENCES - - RELATIVES ARE ACCEPTABLE

_____(____)_____

NAME ADDRESS CITY STATE ZIP CODE PHONE

_____(____)_____

NAME ADDRESS CITY STATE ZIP CODE PHONE

_____(____)_____

NAME ADDRESS CITY STATE ZIP CODE PHONE

AUTHORIZED SIGNATURE

I AGREE TO THE TERMS AND CONDITIONS AS STATED ABOVE.

_____

SIGNATURE DATE DRIVER'S LICENSE NUMER & STATE

OFFICE USE ONLY: BRANCH SALES# COMPLETION DATE APPROVED/DECLINED BY
DATE IN:

_____