



Industrial & Welding Supplies

600 N. Second St. Coldwater, OH 45828  
(419) 678-2397 F (419) 678-8279

1110 Sweitzer St. Greenville, OH 45331  
(937) 548-1202 F (937) 548-2476

**CHARGE ACCOUNT APPLICATION**

Applicant Name \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Bill Address: \_\_\_\_\_

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

City \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Person to Contact: \_\_\_\_\_

Person to Contact: \_\_\_\_\_

Phone# \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone# \_\_\_\_/\_\_\_\_/\_\_\_\_

Preferred method of invoice receipt: USPS \_\_\_\_\_ E-mail \_\_\_\_\_ Invoice E-mail \_\_\_\_\_

Expected Monthly Purchases \_\_\_\_\_ (see reverse side #3)

Corporation ( ) Yes ( ) No

How long have you been in business? \_\_\_\_\_ years

Partnership ( ) Yes ( ) No

Vendor or Federal ID No. \_\_\_\_\_

\_\_\_\_\_

Will Purchases be Tax Exempt? Yes No

\_\_\_\_\_

(If YES, return with tax exemption certificate)

\_\_\_\_\_

Are Purchase Order required? ( ) Yes ( ) No

Do you want invoices emailed? ( ) Yes ( ) No

*Trade References: Three required (other than bank or credit cards)*

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Fax \_\_\_\_\_ Zip: \_\_\_\_\_

Fax \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Fax \_\_\_\_\_ Zip: \_\_\_\_\_

Fax \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_



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TERMS:

- 1) Interest will be charged on all invoices not paid within 30 days of invoice date (2% per month or 24% annual rate)
2) All PAST DUE accounts are subject to Cash or Delivery (C.O.D.)

In any event, if any charges(s) ever occurring on this account, are placed for collection or suit, I agree to pay all collection charges, costs, attorney fees, and legal interest on all charges not paid. In consideration of extending credit to the proceeding named, I do hereby guarantee the payment of such sum or sums of money as may be due to any work, service or goods purchased through Lefeld Welding & Steel Supplies, Inc..

I understand and agree to meet Lefeld Welding & Steel Supplies, Inc. terms of Net 30 days if an account is established. I also certify that all information given herein is true and correct, and authorize any credit inquires necessary to establish this account.

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

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

Signed By: \_\_\_\_\_

Title: \_\_\_\_\_

This form must have signature of applicant, or authorized representative of applicant, before credit approval information can be obtained and charge account established.

Thank You!

Please return the application to: LEFELD INDUSTRIAL AND WELDING SUPPLIES, 600 N. Second St., Coldwater, OH 45828

THANK YOU FOR CHOOSING LEFELD'S

Form with fields for internal use: For LEFELD Internal Use, NOTES, Req-d Date, ASSIGNED TO, Primary Contact, Completion Date, Application given by, Sales Representative.

Send or fax application to Coldwater Office