



5355 Distriplex Farms Dr. \* Memphis, TN 38141 \* Ph: (901)366-5767 \* Fax: (901)366-0093

**Business Contact Information**

Federal ID No.:		Sales Tax Exempt? Yes No If Yes, Tax #:	
Company Name:			
Phone:	Fax:	E-mail:	
Business ship to address:			
City:		State:	ZIP:
Date business commenced:		Years in Business:	
Sole proprietorship:	Partner:	Officer:	Officer:

**Business and Credit Information**

Your Billing (primary) business address:			
City:		State:	ZIP:
How long at current address?			
Bank Phone #:		Bank Fax #:	
Bank Name:		ATTN:	
Bank Address:			
Bank City:		Bank State:	Bank ZIP:
Type of account:		Account number(s):	
Savings			
Checking			
Other:			

**Trade References (Must have at least three)**

<b>Company Name:</b>			
Address:			
City:		State:	ZIP:
Phone:	Fax:	E-mail:	
Type of account:	Account No.:		
<b>Company Name:</b>			
Address:			
City:		State:	ZIP:
Phone:	Fax:	E-mail:	
Type of account:	Account No.:		
<b>Company Name:</b>			
Address:			
City:		State:	ZIP:
Phone:	Fax:	E-mail:	
Type of account:	Account No.:		

**Parties hereby agree that all purchases made are subject to the following terms and conditions:**

1. All invoices are to be paid thirty (30) days from the date of the invoice. After thirty (30) days the account is considered delinquent if not paid in full. WEC shall be notified immediately of any changes regarding this.
2. By submitting this application you, the undersigned, authorizes WEC to make inquiries necessary to obtain credit information from the banking, savings and trade references you have supplied to release your information regarding your account.

**Authorized Signature (s)**

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

[WWW.ITSWEC.COM](http://WWW.ITSWEC.COM)

Title: _____ Date: _____	Title: _____ Date: _____
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**FOR OFFICE USE ONLY**

Application Initiated By: _____	Date Received: _____	By: _____
Account Number: _____	Credit Limit: _____	Territory: _____

# WEC

## Credit Card Authorization Form

Card Number	
CCV Code	
Card Expiration Date	

**Billing Information:**

Customer First Name	
Customer Last Name	
Company	
Address	
City	
State	
Zip Code	
Country	
Phone	
Fax	
email address	

**Shipping Information:** only if different from billing address

Customer First Name	
Customer Last Name	
Company	
Address	
City	
State	
Zip Code	
Country	

