



841 Tacoma Court
 Clio, MI 48420
 810.686.7221 Phone
 810.686.7564 Fax
www.wecointernational.com

Credit Dept. Use Only

Terms: _____
 Limit: _____
 Authorized by: _____
 Date: _____

BUSINESS APPLICATION

All information will be kept in confidence and used only in determining your qualifications for establishing the terms of future business transactions with WECO International, Inc.. All inquiries are sent by mail. Please allow at least 3 weeks for processing. **Immediate shipments may be sent COD or paid by a major Credit Card (Visa or Master).**

(REQUIRED)

SELLER PERMIT NO.

SALES OR STATE TAX NO.: _____

NAME OF FIRM: _____

BILLING ADDRESS: _____ SHIPPING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE:(____) _____ FAX:(____) _____ PHONE:(____) _____ FAX:(____) _____

TYPE OF OWNERSHIP: PROPRIETORSHIP _____ YEARS IN BUSINESS: _____ EMPLOYESS: _____ PART TIME: _____

PARTNERSHIP _____ TYPE OF BUSINESS: OEM _____ DISTR _____ END USER _____

CORPORATION _____ ANNUAL GROSS SALES: _____

NAMES OF OWNERS, PARTNERS OR OFFICERS:

NAME: _____ TITLE: _____ PHONE:(____) _____

NAME: _____ TITLE: _____ PHONE:(____) _____

YOUR BANK: _____ OFFICERS NAME: _____

ADDRESS: _____ PHONE:(____) _____

CITY: _____ STATE: _____ ZIP: _____ CHECKING ACCOUNT _____

SAVINGS ACCOUNT _____

By signing below, I authorize WECO International, Inc. to make credit inquiries on the above listed bank and trade references, and that I am authorized to give such authorization. I further agree to pay all invoices within established terms set forth by WECO International, Inc. In the event any of my account becomes delinquent, I agree to pay any and all collection costs associated with the collection of said funds. If it becomes necessary to enforce this guarantee by suit, I agree to pay interest and attorney fees as allowed by law. A finance charge of 2% per month will be assessed on all past due notices.

I have read and understand the terms of sale stated above and agree to such terms.

 SIGNATURE OF OFFICER

 DATE