

Salesperson Name: _____

CREDIT APPLICATION

Company Name: _____

Billing Address: _____ City/State/Zip Code: _____

Shipping Address: _____ City/State/Zip Code: _____

Is this a Residential Address? Yes No *Please attach additional shipping locations.*

Type of Business (Industry): _____ Are you incorporated? Yes No

ESSENSA: Yes No Are you Tax Exempt*? Yes No

**If yes, please attach a Tax Exempt/Resale Certificate*

Accounts Payable Contact: _____ Phone: _____

Email Address: _____ Fax: _____

Purchasing Contact: _____ Phone: _____

Email Address: _____ Fax: _____

Would you like to receive invoices/statements electronically? Yes No

Go Green with



Electronic Invoices!

Email Address to send invoices/statements to: _____

- Check here if you are unable to receive electronic invoices/statements.
- Check here if you are NOT interested in receiving promotional emails from Weeks Lerman.
- Check here if you would like to set up ACH payments (wire).

I hereby grant permission to release credit information

Authorized Bank Signature Only Date: _____

Credit Information

Name of Bank: _____ Account #: _____

Address: _____ City, State, Zip Code: _____

Phone: _____ Account Officer: _____

References

Company Name/Contact: _____ Phone: _____

Company Name/Contact: _____ Phone: _____