



For Boyd Welding to Complete:
 Customer Account #: _____
 Credit Limit: _____
 Credit Rating: _____
 Authorized: _____

CREDIT APPLICATION

Billing Address:	Shipping Address
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone number: _____	Phone number: _____

Contact Information

Authorized Purchasing Agent: _____ Phone Number: _____
 Email: _____

Accounts Payable Contact: _____ Phone Number: _____
 Email: _____

Account Information

Business Type (IE: Corp, LLC) _____ Federal ID Number: _____
 Requested Amount of Credit: _____ Estimated Yearly Purchases _____
 Are Purchase Orders Required? Yes No Are Backorders Accepted? Yes No
 Shipping Accounts: Small Shipments _____ Freight _____

References:

Vendor Name: _____
 Address: _____
 Phone: _____ Fax _____

Vendor Name: _____
 Address: _____
 Phone: _____ Fax _____

Vendor Name: _____
 Address: _____
 Phone: _____ Fax _____

Terms and Conditions:

- All Invoices are to be paid within 30 days from the invoice date.
- If payment is not made within 30 days there will be 5% penalty charge added to the account.
- By submitting this application, you authorize Boyd Welding to make inquiries into the business/trade reference that you have supplied, and agree to the terms and conditions.

Authorized Signature and Date:

X _____ Date: _____