



WELL SEALS

P.O. BOX 171818, ARLINGTON, TEXAS 76003-1818

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EMAIL: SALES@WELLSEALS.NET

CREDIT APPLICATION

APPLICANT INFORMATION		
Last:	First:	
Name of business:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	Email:
COMPANY INFORMATION		
Type of Business:		In business since:
Legal Form under which business operates: Corporation Partnership Proprietorship		
If Division/Subsidiary, Name of Parent Company		In business since:
Name of Company Principal Responsible for Business Transactions:		Title:
Address:	City:	State:
ZIP:	Phone:	Fax:
Email:		
TRADE REFERENCES		
Company Name:	Company Name:	Company Name:
Contact name:	Contact name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Fax:	Fax:	Fax:
Email:	Email:	Email:
Account opened since:	Account opened since:	Account opened since:
Current balance	Current balance:	Current Balance:
Bank References		
BANK NAME:	BANK NAME:	Comments:
Checking acct#	Savings acct#	
Address:	Address:	
Phone:	Phone:	
Fax:	Fax:	
Email:	Email:	
<p>I hereby certify that the information contained herein IS complete and accurate. This information has been furnished With the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.</p>		
Signature of applicant		Date