

# SUPERIOR WELDING SUPPLY CO

Waterloo, Dubuque, Marshalltown, Iowa

## BUSINESS CUSTOMER INFORMATION AND DATA SHEET

BUSINESS NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Please Print)

ADDRESS: \_\_\_\_\_ SOCIAL SECURITY OR  
FEDERAL ID NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ BUSINESS TELEPHONE NUMBER: \_\_\_\_\_  
BUSINESS FAX NUMBER: \_\_\_\_\_

TYPE OF BUSINESS: [ ] INDIVIDUAL PROPRIETOR [ ] CORPORATION [ ] PARTNERSHIP [ ] \_\_\_\_\_

OWNER OR PRINCIPAL OFFICER'S NAME: \_\_\_\_\_

ACCOUNTS PAYABLE INFO: ADDRESS \_\_\_\_\_  
(IF DIFFERENT FROM ABOVE) PHONE \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

If you would like to have credit privileges, please allow us to contact other suppliers with which you have charge accounts, and recognized credit reporting agencies by giving us some credit references and your signature authorizing us to make such requests.

### REFERENCES:

NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
ADDRESS _____	ADDRESS _____
PHONE _____	PHONE _____
FAX _____	FAX _____

I hereby authorize Superior Welding Supply Co to receive credit information about my business and myself for purposes of establishing credit with that company.

SIGNED \_\_\_\_\_  
DATE \_\_\_\_\_

I have had monthly rental, yearly prepaid rental and deposit agreements for cylinders explained to me: [ ] YES [ ] NO

I would prefer to receive cylinders under the following plan: [ ] monthly rental [ ] yearly rental [ ] deposit in lieu of rental

In case of moving out of area, accident or emergency, the following person will most likely know how to reach me:

Owner or Principal Officers Name \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
(Number and Street) (City) (State) (Zip Code)

SWS Salesman \_\_\_\_\_ [ ] Credit Approved [ ] Credit Refused

By \_\_\_\_\_