## INDIVIDUAL CUSTOMER INFORMATION AND DATA SHEET

## SUPERIOR WELDING SUPPLY CO

## Waterloo, Dubuque, Marshalltown, Des Moines, Iowa

Name:	Date:
(Please Print)	
Address:	SSN:
(Street) (P.O. Box)	Tol Number:
Address: (City) (State) (Zip)	Tel. Number:
Employed At:	Cell Number:
☐ I am NOT interested in a charge account. I will pay for items who	en I order/receive them.
If you would like to have credit privileges, please allow us to contar recognized credit reporting agencies by giving us some credit refe	
Credit References: (No banks, please)	
Name:	Name:
Address:	Address:
Address:	Address:
Phone:	Phone:
Fax:	Fax:
I hereby authorize Superior Welding Supply Co to receive credit in ing credit with that company.	formation about my business and myself for purposes of establish-
	Date:
I have had monthly rental, yearly prepaid rental and deposit agree I would prefer to receive cylinders under the following plan:  In case of moving out of area, accident or emergency, the following	nthly rental □ yearly rental □ deposit in lieu of rental g person will most likely know how to reach me.
Name:	Telephone Number:
Address:(Number and Street) (City) (State)	
SWS Salesman:	☐ Credit Approved ☐ Credit Refused
	— · · · · · · · · · · · · · · · · · · ·
	By: