



**WALE APPARATUS CO., INC.**

400 Front Street Hellertown, PA 18055

(610) 838-7047 • (800) 334-WALE • FAX (610)838-7440  
www.waleapparatus.com

***CREDIT APPLICATION***

Name: \_\_\_\_\_

Business Name (If different from above): \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Primary Telephone: \_\_\_\_\_

Secondary Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Please describe type of business: \_\_\_\_\_

Year business was established: \_\_\_\_\_

Individual/Sole Proprietor       C Corporation       S Corporation       Partnership

Tax Exempt:  Yes     No    If Yes, please provide exemption certificate with tax exempt #.

Name of CEO, Owner, and/or Authorized Representatives: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are Purchase Orders Required?  Yes       No

Authorized Buyers on this account: 1. \_\_\_\_\_

2. \_\_\_\_\_ 3. \_\_\_\_\_

Accounts Payable contact name: \_\_\_\_\_

Accounts Payable telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Accounts Payable email address: \_\_\_\_\_

Preferred method of invoice delivery: \_\_\_\_\_

Wale Apparatus Co., Inc. credit terms are Net 30 days. As part of the credit granting process, you are obligated to pay your invoice in full within 30 days from invoice date. A late fee shall be imposed upon any past due account, computed at the rate of 1.5% per month of the outstanding balance existing in excess of 30 days. You will be required to pay any collection and/or court costs associated with your account. A \$35 fee shall be applied to your account for any returned check.

Wale Apparatus Co. must be advised immediately of any material change in the business status of your organization; such as a change in ownership, the filing of bankruptcy, sale of assets, etc.; which change might materially alter the financial composition of your organization. Wale Apparatus Co. may at any time, limit, alter, or reduce the amount of credit extended to any extension of credit for any reason, and without notice. Nothing in this application should be construed as a binding contract precluding Wale from exercising this option. The initial credit approval may take from 3 to 10 business days. Failure to complete this contract in full will cause your approval to be delayed.

By signing below, the party understands and accepts the above terms set forth in this contract and attests financial responsibility. The party also certifies that the above information as well as that given on the rest of this credit application is for the purpose of obtaining credit and is warranted to be true.

Signature of Authorized Representative: \_\_\_\_\_

Name & Title (please print): \_\_\_\_\_

Date: \_\_\_\_\_



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## TRADE REFERENCES

Name 1: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Account #: \_\_\_\_\_

Name 1: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Account #: \_\_\_\_\_

Name 1: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Account #: \_\_\_\_\_

## BANK REFERENCE

Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Checking Account #: \_\_\_\_\_

In order for your request for a credit account with WALE APPARATUS CO., INC., we need a release authorization from your company. This signature will authorize WALE APPARATUS CO., INC. to conduct a search for your company's bank and trade references. Failure to complete this information in full will cause your approval to be delayed.

## RELEASE AUTHORIZATION

\_\_\_\_\_ hereby authorize Wale Apparatus Co. to investigate the references listed and conduct a search of bank records pertaining to my/our credit and financial responsibility as part of this credit application process.

Authorized Signature(s) \_\_\_\_\_

Name (print please) \_\_\_\_\_

Title(s) \_\_\_\_\_ Date \_\_\_\_\_