



>>Please select your preference in receiving Invoices & Statements via:
 EMAIL or FAX

CREDIT APPLICATION

NOTE: AN INCOMPLETE CREDIT APPLICATION OR MISSING SIGNATURES/DATES WILL NOT BE PROCESSED DUE TO LACK OF REQUIRED INFORMATION.
 Please keep a copy for your records. If faxing please call (620) 663-9082 ext.123 to ensure application was received.

Business Name: _____		Tax Exempt: Yes _____ No _____		Tax form must be completed if Yes is marked.
Bill to: <small>Physical address or PO Box</small> _____	Ship to: <small>Physical address for delivery truck</small> _____	Tax Payer ID# _____		
City: _____	State: _____	Zip: _____	Phone#: _____	
Cell Phone# _____	Fax# _____	E-mail address _____		

All invoices will be sent by email unless otherwise requested or if email is unavailable.

Type of Business: _____	Liability Insurance Co: _____
Desired Credit Line: _____ Years in Business under current owner _____	Agents Name: _____
Corporation _____ Proprietorship _____ Partnership _____ Other _____	Policy#: _____ Phone#: _____

Owner/Officer: _____	Soc Security# _____	Home Phone# _____
Home Address _____	City _____	State _____ Zip _____
Adtl. Owner/Officer: _____	Soc Security# _____	Home Phone# _____
Home Address _____	City _____	State _____ Zip _____

CURRENT SUPPLIERS/REFERENCES

Phone & Fax numbers required

Supplier Name: _____	ACCT# _____	Phone# _____
Address: _____	Email: _____	
Supplier Name: _____	ACCT# _____	Phone# _____
Address: _____	Email: _____	
Supplier Name: _____	ACCT# _____	Phone# _____
Address: _____	Email: _____	

BANK REFERENCES

Bank Name: _____	Phone# _____
Address: _____	City _____ State _____ Zip _____ Contact: _____

CONDITIONS & TERMS

- 1 A charge account is a privilege. Your account is due on the **10th** of the month following the date of purchase.
- 2 Accounts not paid by the **15th** of the month following date of purchase will be subject to a 2% monthly service charge (24% annual rate) applied to the outstanding balance before deducting any credits or adding any purchases made during the current billing period.
- 3 Accounts over 30 days past due will be placed on COD and will not receive any additional discounts, special prices, or qualify for any special promotions. Accounts placed on COD may be required to re-submit an application before they will be reviewed for open account status.
- 4 By signing this application you have agreed to pay any and all collection agency fees, court costs and attorney fees should your account be placed for collection. Such actions shall take place in Hutchinson, Reno County, Kansas.
- 5 By signing this application you agree that we may obtain credit references from other sources in addition to the suppliers you have listed above.

(REQUIRED) If co-applications/officers please both sign and print on same line next to the other.

Signature(s) _____ Date: _____

Printed Name: _____

PERSONAL GUARANTEE - By signing this personal guarantee, the person whose signature is affixed below does hereby agree that the terms and provisions set forth herein shall bind him/her in his/her individual capacity as well as the business entity set forth above.

(REQUIRED) If co-applications/officers please both sign and print on same line next to the other.

Signature(s) _____ Date: _____

Printed Name: _____

RETURN TO THE NEAREST WESTERN SUPPLY COMPANY LOCATION OR FAX or EMAIL TO: 620-663-4994 or credit@westernsupply.com

2514 E 14th
Hutchinson, KS 67502
(620)663-9082
(800)365-0162

2420 9th St.
Great Bend, KS 67530
(620)793-8101
(800)234-8113

1207 Cedar
Hays, KS 67601
(785)625-4176
(800)658-1921

206 E Trail
Dodge City, KS 67801
(620)225-1555
(800)284-3322

FOR OFFICE USE

Updated 7/17/20

Acct# _____	Schd _____
Slm# _____	Cr Lim _____
Branch Mgr _____	Apprv'd By _____