

Customer Update Form

*Invoice	s & Stater	ments will be sent via:
OR	EMAIL FAX	
Ple	ase mark	your preference.

Dear Valued Customer,

To ensure our best service to your company; please assist us to keep your account information up to date by completing the form below. Also complete the accompanying Authorized Contacts and Purchasers form.

Questions? Please contact Ellen at 800-753-9191 or 620-663-9082. My extension is 123.

Please fax or email back to 620-663-7876 or credit@westernsupply.com. Thank You!

Ellen Dugan

Marketing | Credit Assistant

credit@westernsupply.com

(C	or Name Change please start with the current name we would h			Tax form must be completed if yes is marked.		
	lew)Business Name:		Tax Exem			
ADDRESS HERE. MAIL to:		ADDRESS HERE. SHIP to:	Tax Payer D#			
С	ity:		State:	Zip		
Ph	none#:	Cell Phone#				
Fa	nx#		s otherwise requested or if e-mail is unavailable.			
Ow	vner/Officer:	Soc Security#	Home Phone#			
Но	ome Address	City	State	_ Zip		
Additional Owner/Officer:		Soc Security#	Home Phone#_			
Но	me Address	City	State	Zip		
1	A charge account is a privilege. Your account is due	g .	•			
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 bot	h sign and print on same line next to the	other.			
Signature(s)						
Pri	inted Name(s):					
PE	ERSONAL GUARANTEE By signing this person ovisions set forth herein shall bind him/her in his/he	al quarantee, the person whose signature	is affixed below does hereby agr	ee that the terms and		
>*	*>(REQUIRED) If co-applications/officers please bot	h sign and print on same line next to the	other.			
Pri	inted Name(s):					

RETURN TO THE NEAREST WESTERN SUPPLY COMPANY LOCATION OR FAX or EMAIL TO: 620-663-7876 or credit@westernsupply.com

2514 E 14th Hutchinson, KS 67504 (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