

WMS Products, Inc - Credit Application

Company Name _____

Address _____

City _____ State _____ Zip code _____

Providence _____ Country _____

Phone _____ Fax _____

Type of Business: Corp. _____ Partnership _____ Sole Proprietorship _____ LLC _____

Years in Business _____ Federal ID Number _____

Business License Number _____ Anticipated Credit Limit \$ _____

Note: If purchases are for resale, please enclose a completed resale certificate

Current Trade References

Vendor Name & Address, City, State, Zip Code & Phone #, Fax #:

1. _____

2. _____

3. _____

The applicant authorizes the use of a facsimile of this document as verification of release of information by references to the Seller. Applicant agrees to pay for all goods purchased in compliance with the prevailing terms of the Seller. It is further understood that all past due accounts will bear a service charge not to exceed 1-1/2% per month or 18% per annum on any delinquent account, collection fees and/or attorney fees. This shall be an open and continuing guarantee, not withstanding any charges, removals, extensions or the like, granted by the Seller. If a corporation, this agreement must be signed by an officer. If a partnership, this agreement must be signed by all general partners.

I have read and agree to all terms and conditions of sale as set forth on this document.

Print Name (Owner, Officer, General Partner) Circle one. _____

Signature _____ Date _____

Please fax or mail this form back to:

**WMS Products, Inc
3536 US 220
Madison, NC 27025
Phone: 336-548-1889 Fax: 336-548-9790**