



SAW & TUBE TECHNOLOGY
MAKING A WORLD OF DIFFERENCE
SINCE 1930

3200 Camino Del Sol * Oxnard, CA 93030-8998 * (805) 981-0999 * (800) 388-SAWS * Fax (805) 981-0989

Credit Application

Date: _____

To: _____

Ownership: _____ Corporation _____ Partnership _____ Proprietorship
 _____ Other (if other please explain) _____

Description of Business: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Reference: (Give Vendor names of those who you buy from on open account)

1. Name: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

2. Name: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

3. Name: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

4. Name: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Do you pledge or borrow on your account receivable? _____ If yes, from whom? _____

Insurance carried (Specify) _____

Your Bank Name: _____ Branch: _____ Phone: _____

Checking Account Number: _____

Banking: High _____ Medium _____ Low _____

Western Saw is hereby authorized to request credit information.

(full name of firm) **Signed** _____

By _____

Title _____