

WESTERN HYDROSTATICS, INC.
1596 KEATS DR.
RIVERSIDE, CA. 92507-1747
(951)784-2133 · FAX (951) 784-8423
HTTP://WWW.WESHYD.COM / SALES@WESHYD.COM

APPICATION FOR CREDIT

Bill To:

Ship To:

Exact Name:
Address:
City:
State: Zip:
Phone#:
Fax#:

Exact Name:
Address:
City:
State: Zip:
Phone#:
Fax#:

General Business Information

Type of Business:

Owners Name:
Owners Name 2:
Accounts Payable Contact:
Office Manager:
Estimate Monthly Purchase\$:

Years in Business:
Legal Identity: Proprietorship
Corporation / Partnership:
PO'S Required?:
If merchandise is for resale, an original hard copy of resale
card is required.
Resale #:

Business Credit References

Exact Name:
Address:
City:
State: Zip:
Phone#:
Fax#:

Exact Name:
Address:
City:
State: Zip:
Phone#:
Fax#:

Exact Name:
Address:
City:
State: Zip:
Phone#:
Fax#:

Bank Name:
Address:
City:
State: Zip:
Phone#:
Fax#:
Checking Acct#:
Savings Acct#:

I authorize the above listed credit references to release information to Western Hhydrostatics.
As an authorised represenative, I accept seller's tremas as NET 30 DAYS, HOLD AT 60 DAYS. Terms
with Western Hydrostatics are strictly enforced. Iagree to pay costs and expenses including reasonable
attorney fees, if Western Hydrostatics is forced to consign the account for collection.

By: _____ Title: _____ Date: _____

PLEASE RETURN TO WESTERN HYDROSTATICS