

Western Integrated Materials

Credit Application

Date:

Firm Name:	Tax ID No: -
Proprietor:	Soc. Sec No: - -
Address:	P.O. Box:
City: State:	Zip Code:
Phone No:	Fax No:
Type of Business:	
Resale: Yes No	California Resale No:
If Yes, please attach Resale Certificate or Tax will be applied to invoices.	

TRADE REFERENCE

Name:	Phone No:
Address/City/State/Zip	
Contact:	Fax No:
Name:	Phone No:
Address/City/State/Zip	
Contact:	Fax No:
Name:	Phone No.
Address/City/State/Zip	
Contact:	Fax No:

BANK REFERENCE

Name:	Account No:
Address/City/State/Zip:	
Phone No:	Contact:

OUR TERMS ARE 1% 10 DAYS NET 30 DAYS FROM INVOICE DATE

I Certify that the above information is correct.	
Signature:	Date:
Name:	Title

**Western Integrated Materials, Inc. 3310 E. 59th Street, Long Beach, CA 90805
Phone 562-634-2823 Fax 562-634-8449**