



Application for Credit

Company Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____
 Contact: _____ Year Established: _____
 Owners Name: _____

Trade References (please include contact, fax and phone numbers for each):

	Name/Address	Phone/Fax/Contact
1:	_____	_____
	_____	_____
2:	_____	_____
	_____	_____
3:	_____	_____
	_____	_____
4:	_____	_____
	_____	_____

Name of Bank: _____ Phone No: _____
 Account Number: _____ Contact: _____

Signature

Title

Date

By signing above and/or by submitting samples <COMPANY> agrees to the Weck Labs Terms and Conditions located at www.wecklabs.com and to the payment terms of NET 30 days (upon credit approval).

Credit Card Authorization

Visa Master Am.Expr. Card No. _____ Exp.Date: _____

Name: _____ Signature: _____ Date: _____

Charges authorized for Project Name: _____

