



P.O. Box 677 • Tupelo, MS 38802-0677
Phone 662.842.5284 • Fax 662.844.4533

WEATHERALL USE ONLY
Account No. _____
Salesperson _____

Date _____

CREDIT APPLICATION

Trade Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

Taxpayer I.D. No. _____ Individual Partnership Corporation (please check one)

TRADE REFERENCES (Phone Numbers must be completed)

1. Name _____ Account Number _____

Address _____ Phone Number _____

Fax Number _____

2. Name _____ Account Number _____

Address _____ Phone Number _____

Fax Number _____

3. Name _____ Account Number _____

Address _____ Phone Number _____

Fax Number _____

4. Name _____ Account Number _____

Address _____ Phone Number _____

Fax Number _____

Bank Reference _____ Phone Number _____

Address _____

Bank Account Number _____ Officer Name _____

If credit is granted, I/we agree to Net 30 days following date of invoice and the undersigned is/are responsible for payment on the account. I/we agree to pay any and all service charges added each month on past due invoices, and I/we do further agree that if my/our account must be placed in the hands of an attorney for collection, or if collection is made through bankruptcy or probate proceedings, I/we agree to pay a reasonable amount in attorney's fees on both the principal and service charge.

SALES TAX INFORMATION: Are you exempt from State Sales Tax? If yes, please supply us with your sales tax exemption number and forward us a copy of the exemption certificate. Being exempt from income tax may not necessarily qualify you for exemption from sales tax. Sales tax exemption number _____

Signature _____ Signature _____
A/P MANAGER _____ PRESIDENT/OWNER _____

Type or print _____ Type or print _____

WEATHERALL PRINTING CO., INC

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IF FAXING MARK TO ATTENTION OF ACCOUNTING DEPARTMENT