



WESTECH RIGGING SUPPLY

A REPUTATION FOR QUALITY BUILT ON OVER 60 YEARS SERVICE

Outfitting the Northwest since 1952

Visit Us Online at www.WestechRigging.com

4140 West 11th Avenue
Eugene, Oregon 97402
TEL 541-344-6249
FAX 541-338-4931

2439 McGilchrist St SE
Salem, Oregon 97302
TEL 503-399-7037
FAX 503-399-7047

Business Account Credit Application

Complete all pages and then send by:

FAX: 541-484-4706 or EMAIL: admin@westechrigging.com

BUSINESS CONTACT INFORMATION			
Title:			
Company Name:			
Phone:	Fax:	Email:	
Registered Company Address:			
City:	State:	Zip Code:	
Date Business Commenced:			
Sole Proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION			
Primary Business Address:			
City:	State:	Zip Code:	
How long at current address?			
Phone:	Fax:	Email:	
Bank Name:			
Bank Address:		Phone:	
City:	State:	Zip Code:	
Type of Account	Account Number		
Savings			
Checking			
Other			
Amount of Credit Required?			
Anticipated Monthly Volume?			



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BUSINESS / TRADE REFERENCES			
Company Name:			
Company Address:			
City:		State:	Zip Code:
Phone:	Fax:	Email:	
Type of Account:			
Company Name:			
Company Address:			
City:		State:	Zip Code:
Phone:	Fax:	Email:	
Type of Account:			
Company Name:			
Company Address:			
City:		State:	Zip Code:
Phone:	Fax:	Email:	
Type of Account:			

AGREEMENT
<p>1. All invoices are to be paid within 30 days from the date of the invoice. Past Due invoices are subject to 2%, \$2.50 minimum monthly finance charges. Westech Rigging Supply is entitled to recover any attorney, and / or collection fees on delinquent accounts whether or not suit or action is instituted.</p> <p>2. Claims arising from invoices must be made within seven working days.</p> <p>3. By submitting this application, you authorize Westech Rigging Supply to make inquiries into the banking and business / trade references that you have supplied, as well as obtain credit reports from reputable entities, including but not limited to NACM and Experian.</p>

AUTHORIZED SIGNATURES			
X _____		X _____	
Title:	Date:	Title:	Date: