



Weldstone Advanced Metal Solutions
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Credit Application / Customer Information

Company Name: _____

Company Address: _____

Corporation

Partnership

Proprietorship

Other

If other, explain: _____

Credit Limit Requested: \$ _____ D&B #: _____

Are goods to be purchased for resale? _____ If yes, Florida Companies must submit Tax Exemption Certificate.

Shipping Address: _____
(main location)

Shipping Contact: _____ Shipping Title: _____

Shipping Email: _____ Shipping Phone: _____

Billing Address: _____

Billing Contact: _____ Billing Title: _____

Billing Email: _____ Billing Phone: _____

Names and Addresses of Owners, Partners, or Officers

Name: _____

Title: _____

Address: _____

Name: _____

Title: _____

Address: _____

Bank Reference

Bank Name: _____

Account #: _____ Phone: _____ Fax: _____

