

WOODS STEEL DIVISION / WOODS METAL WORKS
3724 DR. MARTIN LUTHER KING JR. BLVD.
FORT MYERS, FL 33916
PHONE 239-479-6220
FAX 239-479-6218

CREDIT APPLICATION

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Dear Customer:

Please find attached the credit application you requested. Please pay close attention to where signatures are needed. History shows that it can take up to 2 weeks to collect the credit information depending on the response time from your trade references. Also, please provide a fax number and/or an email address for your trade references. This information must be completed in full to process the application. You may return your credit application three ways:

Email: bkkp@wswmfl.com

Fax: 239-479-6218

In Person: 3724 Dr. Martin Luther King Blvd
Fort Myers, Florida 33916

Feel free to call with any questions and concerns. Thanks for your interest.

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Company Name:					
Address:					
City, State, Zip					
Mailing Address:					
City, State, Zip					
How long in business:	_____ Years	_____ Months			
PLEASE CHECK ONE					
CORPORATION _____	PARTNERSHIP _____	LLC _____	SOLE PROPRIETORSHIP _____		
Owners/Principals					
Please print name:	Title:				
Please print name:	Title:				
Website:	Title:				
Accounts Payable Contact:					
E-Mail:					
A/P Phone:					
A/P Fax:					
Amount of credit desired:	\$ _____				
Invoices to be sent via: (CIRCLE ONE)	EMAIL	FAX	MAIL		
Sales Tax Exempt: (CIRCLE ONE)	YES	NO	Are P.O. # Required: (CIRCLE ONE) <table border="1" style="float:right; border-collapse: collapse;"> <tr> <td align="center">YES</td> <td align="center">NO</td> </tr> </table>	YES	NO
YES	NO				

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Bank Reference
Bank:
Phone:
Branch Address:
Contact at Bank:
Checking Acct #:

Trade References				
THIS INFORMATION MUST BE COMPLETED IN FULL TO PROCESS YOUR APPLICATION				
NAME	ADDRESS	City, State, Zip	EMAIL AND/OR	FAX

CUSTOMER CONSENT TO RELEASE CREDIT INFORMATION

I, _____, AS _____, A DULY AUTHORIZED OFFICER
(NAME) (TITLE)
 OF _____, HEREBY GIVE AUTHORIZATION TO THE
(COMPANY NAME)
 BANKS AND CREDITORS LISTED HERE IN, TO RELEASE REQUESTED CREDIT
 INFORMATION TO WOODS STEEL DIVISION/WOODS METAL WORKS IN
 CONSIDERATION FOR A CHARGE ACCOUNT

SIGNED: _____ THIS ____ DAY OF _____, 20__..

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TERMS AND CONDITIONS

RETURN POLICY:

ALL RETURNS ARE SUBJECT TO RESTOCK FEES. IN STOCK ITEMS 10% OR \$25 MINIMUM UPON INSPECTION AND APPROVAL. NO RETURNS OR REFUNDS ON SPECIAL ORDER ITEMS. NO REFUNDS ON CUT MATERIAL. NO REFUNDS AFTER 10 DAYS. ALL CLAIMS/RETURNED GOODS MUST BE ACCOMPANIED BY THE RECEIPT. (PACKING SLIP OR INVOICE, WHICH EVER APPLIES)

PAYMENT TERMS:

ALL INVOICES ARE DUE WITH IN 30 DAYS OF THE INVOICE DATE

PAYMENT GUARANTEES:

BY ACCEPTING CREDIT FROM WOODS STEEL DIVISION/WOODS METALS WORKS, ANY AND ALL REGISTERED OWNER'S/OFFICER'S ARE RESPONSIBLE FOR UNPAID ACCOUNT BALANCES AND PERSONALLY CONSENT A PAYMENT GUARANTEE.

Please acknowledge and agree to our terms and conditions as described here within, and that we are not considered a material supplier under State of Florida Statutes 713 and 255. Our terms are NET 30 DAYS without exception, also understanding that when invoices become 45 DAYS OLD, the account will AUTOMATICALLY BE CONVERTED TO C.O.D. The account will remain on C.O.D. status until the account becomes current.

Terms Acknowledgement & Agreement	
Authorized Signature:	X
Print Name and Title:	