



CREDIT APPLICATION MUST BE COMPLETED BEFORE TERMS WILL BE GRANTED

DATE				
NAME OF APPLICANT				
TRADE NAME				
FEDERAL EMPLOYER ID NUMBER				
BUSINESS ADDRESS				
CITY	STATE	ZIP		
BUSINESS PHONE				
YEAR BUSINESS STARTED	CREDIT DESIRED			
ACCOUNTS PAYABLE				
CONTACT	TELEPHONE			
EMAIL ADDRESS				
IF TAX EXEMPT, PLEASE PROVIDE CERTIFICATE				
IF THE BUSINESS IS SOLE PROPRIETORSHIP, LIST TH (use separate sheet if necessary)	E OWNER, IF THE BUSINI	ESS IS A PARTNERSHIP, LIST ALL OWNERS:		
NAME				
HOME ADDRESS				
CITY	STATE	ZIP		
HOME PHONE	BUSINESS PHONE			
NAME				
HOME ADDRESS				
		ZIP		
HOME PHONE	BUSINESS PHONE	BUSINESS PHONE		
IF THE BUSINESS IS A CORPORATION, LIST THE INFO	RMATION BELOW:			
CORPORATE NAME				
CHARTER#				
REGISTERED AGENT NAME				
ADDRESS				
CITY	STATE	7IP		



WDL SYSTEMS, 220 CHATHAM BUSINESS DRIVE, PITTSBORO, NORTH CAROLINA, 27312

1-800-548-2319 | sales@wdlsystems.com

$CREDIT\ APPLICATION, continued$

BANK NAME				
ADDRESS				
CITY		STATE	ZIP	
PHONE	FAX		ACCOUNT NUMBE	R
TRADE REFERENCE	S			
NAME				
CITY		STATE	ZIP	
PHONE	FAX		ACCOUNT NUMBE	R
NAME				
PHONE	FAX		ACCOUNT NUMBE	R
NAME				
ADDRESS				
CITY		STATE	ZIP	
PHONE	FAX		ACCOUNT NUMBE	R
Payment for all purch Department.)	ases is due 30 (thirty) days from o	date of invoice. (Length	of terms may vary as dete	rmined by WDL Systems, LLC. Credit
and court costs, wheth	ner suit is brought or not, including a	attorney's fees on appea	 The Applicant hereby wa 	on, to include reasonable attorney's fees sives their privilege of being sued in the Ilina, at the option of WDL Systems, LLC.
	to notify WDL Systems, LLC. by reg oility for any purchases until such no			of authorization to sign check, and
	BY SIGNATURE H	IERETO, APPLICANT A	GREES TO ABOVE TERM	S
DATE	SIGNATURE			TITLE
DATE	SIGNATURE			TITI E