



3905 Elliott Ave • Springdale, AR 72762
www.watcosupplychain.com

Watco Supply Chain Services, LLC (WSCS) Credit Application

Business Information

Name: _____
 Corporation Partnership Proprietorship LLC Other _____
State of Incorporation: _____ Year: _____
Street Address: _____ P.O. Box: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____ Email: _____
Commodities Shipped: _____ Number of Years in Business: _____
Federal ID#: _____ Sales Tax Exempt #: _____ (Please attach copy of form)
Dun & Bradstreet DUNS Number _____
Payment terms requested: 30 days 15 days Other _____

Invoicing Contact (*required fields)

*Name: _____
*Street Address: _____ P.O. Box: _____
*City: _____ *State: _____ *Zip: _____
*Telephone: _____ Fax: _____ *Email: _____

Preferred Invoicing Method

Email Mail Auto-pay (No invoice required) Other _____
A. Email address (if Email is selected above): _____
B. Mail address (if Mail is selected above)
Street Address: _____ P.O. Box: _____
City: _____ State: _____ Zip: _____

Documents required to Invoice Customer

Proof of Delivery Customer Rate Confirmation Other _____

Customer Method of Payment to WSCS

Hard copy check *EFT/ACH Other _____

*Please contact customerinvoicing@watcosupplychain.com for EFT/ACH details prior to remitting payment electronically.

Internal Use Only

WSCS Requestor Name: _____
Dollar Amount of Credit Requested per Month: \$ _____
Mileage version: PCMiler version: _____ Rand McNally version: _____
Salesperson: _____ AM: _____ CRM: _____





3905 Elliott Ave • Springdale, AR 72762
www.watcosupplychain.com

Bank Reference

Name: _____ City: _____
Address: _____
Contact Name: _____ Title: _____
Telephone: (_____) _____ Fax: (_____) _____
Email: _____ Account #: _____

Trade References (Minimum of 3 references)

| | |
|-------------------------|-------------------------|
| Name: _____ | Name: _____ |
| Address: _____ | Address: _____ |
| City: _____ | City: _____ |
| State: _____ Zip: _____ | State: _____ Zip: _____ |
| Contact: _____ | Contact: _____ |
| Phone: _____ Fax: _____ | Phone: _____ Fax: _____ |
| | |
| Name: _____ | Name: _____ |
| Address: _____ | Address: _____ |
| City: _____ | City: _____ |
| State: _____ Zip: _____ | State: _____ Zip: _____ |
| Contact: _____ | Contact: _____ |
| Phone: _____ Fax: _____ | Phone: _____ Fax: _____ |

Credit Application Policy

Customer herein applies for the extension of credit regarding payment for services provided by Watco Supply Chain Services, LLC (WSCS).

Customer agrees to the following Terms and Conditions of this application/policy:

- A) To be responsible for all amounts charged to customer's account.
- B) That if payment is not made and received in accordance with the documented credit terms, WSCS is specifically authorized to pursue all legal collection remedies including the assessment of late payment interest as a finance charge on the unpaid bills or portion thereof which are past credit terms.
- C) Standard payment terms are 30 days unless noted otherwise on this application. Finance charges will accrue daily in the amount of 1 1/2% per month or the highest permissible lawful rate, on all balances outstanding in excess of payment terms on the unpaid balance from the first day following the end of the credit term until date of receipt of payment.
- D) That WSCS is entitled to obtain information from any legitimate source in support of this application.
- E) That Customer will provide remittance detail to WSCS when sending payment. Due to security reasons, WSCS is not able to retrieve remittance detail from websites.

It is hereby warranted the policy above has been read and understood and that application information provided is correct. Furthermore, I represent that the Customer herein indicated has the financial ability and willingness to pay all invoices within established terms.

Customer (Company Name): _____ Date: _____
Authorized Customer Signature: _____
Name (Typed or Printed): _____
Title: _____

