



Wellhead Systems  
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Fax: 785-421-2256  
Carrie@wellheadsystems.com

All information is to be filled out – Incomplete applications cannot be considered.

**Please attach your current Tax Resale Certificate**

**Company Name:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_ **Fax No:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Purch Contact:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_ **Acct. Controller:** \_\_\_\_\_

**Email Address if you prefer to receive invoices via email:** \_\_\_\_\_

**Federal Tax No:** \_\_\_\_\_ **Amount of Credit Requested:** \$ \_\_\_\_\_

**TYPE OF OWNERSHIP:** (Circle one) SOLE OWNERSHIP – PARTNER – LLC – CORPORATION (Branch or Subsidiary)

If Branch – Parent Co.: \_\_\_\_\_

**OWNER OR OFFICER IN CHARGE:** \_\_\_\_\_

**TYPE OF PRODUCTS TO BE PURCHASED:** \_\_\_\_\_

P.O. REQUIRED:  Yes  No

**LENGTH OF TIME IN BUSINESS:** \_\_\_\_\_ **Was this Firm previously part of another company?**  Yes  No

**BANK REFERENCE:** (Bank – Banker – Telephone Address) \_\_\_\_\_

**CREDIT REFERENCE CURRENTLY EXTENDING THE HIGHEST CREDIT AND PERMISSION TO CONTACT THEM**

List Company –

<p>1. _____</p> <p>_____</p> <p><b>Address</b></p> <p>_____</p> <p><b>Phone</b> _____ <b>Fax</b> _____</p> <p>_____</p> <p><b>Email</b> _____ <b>A/P Contact</b> _____</p>	<p>3. _____</p> <p>_____</p> <p><b>Address</b></p> <p>_____</p> <p><b>Phone</b> _____ <b>Fax</b> _____</p> <p>_____</p> <p><b>Email</b> _____ <b>A/P Contact</b> _____</p>
<p>2. _____</p> <p>_____</p> <p><b>Address</b></p> <p>_____</p> <p><b>Phone</b> _____ <b>Fax</b> _____</p> <p>_____</p> <p><b>Email</b> _____ <b>A/P Contact</b> _____</p>	<p>4. _____</p> <p>_____</p> <p><b>Address</b></p> <p>_____</p> <p><b>Phone</b> _____ <b>Fax</b> _____</p> <p>_____</p> <p><b>Email</b> _____ <b>A/P Contact</b> _____</p>

*I warrant that the foregoing information is true and correct and realize it will be relied upon in the granting of future credit. If granted credit, I/we agree to pay all invoices within Net 30 days from date of invoice. It is agreed that my/our account may become C.O.D. if I/we fail to pay within stated terms.*

**Signed By:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Office Use Only**

**Approved By:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Credit Limit:** \_\_\_\_\_

Credit and Collections Representative

Wellhead Systems Freight Policy: Any order over \$7,500 net total within the continental U.S. will be freight allowed.