



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  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](mailto: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: \_\_\_\_\_





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**Bank Reference**

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

**Trade References (Minimum of 3 references)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**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, and to pass along to Customer such reasonable legal and collection fees.
- C) Standard payment terms are 30 days unless noted otherwise on this application. Finance charges will accrue daily in the amount of 1.5% per month, or the highest permissible lawful rates, 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 I 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): \_\_\_\_\_





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Title: \_\_\_\_\_ Phone: \_\_\_\_\_

