

WELDING SUPPLY, INC

115 SANTA FE ST GAINESVILLE, TEXAS 76240-2221 800-428-6532 940-668-8281 FAX 940-665-5515

| BUSINESS NAME MONTAGUE COUNTY | | | | | | |
|---|---|---------------|---------------|----------|--|--|
| ADDRESS POBOX 56 | | | | | | |
| PHYSICAL 1122 G C 1 C C 1 1 | | | | | | |
| ADDRESS 11339 SHS9 W | | | | | | |
| CITY MONTAGE ZIP CODE 76251 | | | | | | |
| TAX ID # 756001078 OPERATING SINCE 1873 | | | | | | |
| BUSINESS | | FAX | | | | |
| PHONE | . 75 | NUMBER | | 4 | | |
| OWNER | NER STATE OF STATE O | | | | | |
| NAME | | | | | | |
| HOME | ··· | | lan Europe | | | |
| ADDRESS | | . | . | <u> </u> | | |
| CITY ZIP CODE | | | | | | |
| НОМЕ | CELL | | | | | |
| PHONE | HONE PHONE | | | | | |
| SS# DOB | | | | | | |
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| I understand that everything stated in this application is true and correct to the best of my knowledge. I understand that the net balance of all invoices are due and payable 30 days from the date on the invoice. I understand that if my account becomes delinquent, I may be placed on a cash basis and my cylinders picked up without notice. I understand that I the event that legal action is necessary to enforce this agreement, I agree to pay all reasonable attorney's fees, collection fees, interest and any expenses incurred, and that this action will take place in Cooke County, Tx. I authorize the obtaining of credit information necessary for the processing of this application. | | | | | | |
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| SIGNATURE DATE NOVEMBER 25, 2024 | | | | | | |
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| FOR OFFICE USE ONLY | | | | | | |
| YES () NO () DEPOSIT REQUIRED () AMOUNT PER CYL\$ | | | | | | |



DATE

CUSTOMER ID