



# COBRA<sup>®</sup> WELDING SYSTEMS

Credit Application  
FAX: 800-373-3329

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**COMPANY INFORMATION**

NAME OF FIRM \_\_\_\_\_ RESALE/FED.I.D.# \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_  
EMAIL \_\_\_\_\_ URL \_\_\_\_\_  
FORM OF BUSINESS: \_\_\_\_\_ CORPORATION \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ PROPRIETORSHIP  
YEAR COMPANY ESTABLISHED \_\_\_\_\_ PRINCIPAL OWNER \_\_\_\_\_

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**FINANCIAL INFORMATION**

BANK REFERENCE \_\_\_\_\_ CREDIT CARD# \_\_\_\_\_  
BANK OFFICER TO CONTACT \_\_\_\_\_ ACCOUNT # \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

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**TRADE REFERENCES (ACTIVE VENDORS)**

NAME \_\_\_\_\_ NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE # \_\_\_\_\_ PHONE # \_\_\_\_\_  
FAX # \_\_\_\_\_ FAX # \_\_\_\_\_

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NAME \_\_\_\_\_ NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE # \_\_\_\_\_ PHONE # \_\_\_\_\_  
FAX # \_\_\_\_\_ FAX # \_\_\_\_\_

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**AUTHORIZATION**

SUBMITTED BY \_\_\_\_\_ POSITION \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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