

Wesso Inc.
4634 FM-2920 Suite "U"
Spring Texas 77388
FAX: 281-288-2006

Date :

APPLICATION FOR 30 DAY CREDIT LINE

Fax or mail your completed application to the address above

YOUR BUSINESS INFORMATION

Firm Name:

Select One: Corporation Partnership Individual Partnership

Address:

City: State: Country: Zip/Postal Code:

Phone:

Name and title of person to contact regarding purchase orders and invoice payments:

CREDIT REFERENCES

1.Trade Reference:

Address:

City: State: Country: Zip/Postal Code:

Phone:

2.Trade Reference:

Address:

City: State: Country: Zip/Postal Code:

Phone:

3.Trade Reference:

Address:

City: State: Country: Zip/Postal Code:

Phone:

BANK REFERENCE

Bank:

Bank Officer:

Address:

City: State: Country: Zip/Postal Code:

Phone:

Checking Account Number

Signature