

**CREDIT APPLICATION & MARKETING AUTHORIZATION
WESSCOTT MARKETING INC.**

DATE: _____ **Please fax your completed application to: 952-541-4905**

FAX TO: _____ **FROM:** _____

Name of Business _____

Shipping Address _____

Mailing Address _____

City _____ State _____ Zip code _____

Phone Number _____

Name of Owner/Manager _____

Type of Business: Proprietor ____ Partnership ____ Corporation ____ Retail Store ____ Church Store ____ Other ____

References:

	<u>Account #</u>	<u>Name</u>	<u>Address</u>	<u>Phone Number</u>
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____

Resale (Tax) Number _____

Credit Terms require payment in FULL within 30 days from delivery. Credit will be suspended if charges exceed 60 days. Product is returnable after 90 days and prior to one year. Items must be in current catalog, in perfect condition and have been paid for. Open product is not returnable.

Your Fax Number _____ Email Address _____

____ Please check here if you would like to continue to receive our regular updates on new products and special sales promotions by fax and email. You may opt out at any time.

____ Please check here if you are not interested.

Signature: _____ **Title:** _____ **Date:** _____
(Your signature and date are required)



P.O. Box 26144, St. Louis Park MN 55426
1-800-375-3702 Fax: 952-541-4905 Email: wesscottmkt@msn.com