



**W.E.H. Supply, Inc.**  
54 Denver Road Denver PA, 17517

Office use:

E | SALES@WEHSupply.com  
P | (717) 336 - 4984  
F | (717) - 336 - 0661

**ACCOUNT APPLICATION**

**General Information**

Trade Name : \_\_\_\_\_ Date : \_\_\_\_\_  
 Contact Name : \_\_\_\_\_ Title : \_\_\_\_\_  
 Street : \_\_\_\_\_  
 City : \_\_\_\_\_ State : \_\_\_\_\_ Zip Code : \_\_\_\_\_  
 Email : \_\_\_\_\_ Website : \_\_\_\_\_  
 Phone: \_\_\_\_\_ Social Media : \_\_\_\_\_  
 Type :     Manufacturer     Dealer     Retailer

**Additional Contacts**

Accounts Payable (AP) : \_\_\_\_\_  
 Purchasing Contact : \_\_\_\_\_

**Preferences**

Order confirmations sent by :                     Fax                     Email                     Mail  
 Email/ Fax Number : \_\_\_\_\_  
 Invoices sent by :                                     Fax                     Email                     Mail  
 Email/ Fax Number : \_\_\_\_\_

**Shipping \*\*\*THIS SECTION REQUIRED FOR ALL OUTBOUND SHIPMENTS\*\*\***

Deliveries accepted during receiving hours from:    [                    To                    ]  
 M-F     Monday     Tuesday     Wednesday     Thursday     Friday  
 Do you have a dock?  YES     NO    Do you have a forklift?  YES     NO    *\*Customer must have pallet jack at minimum.*  
 Email/ Fax Number : \_\_\_\_\_

**Additional Shipping Location**

Contact Name : \_\_\_\_\_ Phone : \_\_\_\_\_  
 Street : \_\_\_\_\_  
 City : \_\_\_\_\_ State : \_\_\_\_\_ Zip Code : \_\_\_\_\_  
 Email : \_\_\_\_\_ Website : \_\_\_\_\_

For purposes of obtaining credit, I/ We certify that all of the information in this application is true and correct. I/ We authorize W.E.H. Supply, Inc. to confirm all information in this application (which may include obtaining credit reports, contacting references, etc.) either in connection with my/ our initial application for credit. I/ We agree to release and waive all claims against W.E.H. Supply, Inc. and those references listed above for all acts or omissions that occur in verifying the same information.

Number of years in business : \_\_\_\_\_  
 Person filling out application : \_\_\_\_\_ Date : \_\_\_\_\_  
 Signature : \_\_\_\_\_ Title : \_\_\_\_\_