



PO Box 2946 Greenville, NC 27834
Phone: 252-752-1899/800-666-1899
Fax: 252-752-8734
specialtytoolsupply.com

CREDIT APPLICATION/COMPLETE AND FAX OR MAIL TO SPECIALTY TOOL

Company Name: _____

Billing Address: _____

City/State/Zip: _____

Shipping Address (If Different From Billing): _____

Phone: _____ Fax: _____

Social Security # or Federal ID #: _____

Individual: ____ Partnership: ____ Corporation: ____ Other: ____

State of Incorporation: _____ Number of Years Incorporated: _____

Dunn & Bradstreet Rating or Number: _____ Number of Years in Business: _____

Have you owned or operated any other business in the past three years: _____

If yes, please list them: _____

Are there any outstanding judgments against you? _____

Have you ever been adjudged in a bankruptcy proceeding: _____

Are purchase order numbers required? Yes ____ No _____

Name of person to contact regarding purchase orders and payment:

Does state/county/city require a business license? Yes ____ No _____

If yes, license # _____

Name & address of individuals or partners- Name/Title/Social Security #/ Phone #:



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Bank Reference: Name of Bank: _____

Checking: _____ Loan: _____ Savings: _____

Address/City/State/Zip: _____

Phone: _____ Account #: _____

Contact: _____

Trade References: Company Name/Address/Phone/Fax:

NOTE: "By my signature below, I agree to the following terms: late charges may be imposed on balances outstanding more than thirty (30) days from invoice date. If seller must take legal action to collect on outstanding balance, I agree to pay court costs and attorney's fees."

 Signature /Title / Date

 Printed Name and Title

PERSONAL CREDIT RELEASE

By signing this application, I authorize (your company) or its agency to investigate my personal credit and financial records. As part of such investigation, I authorize (your company) to request and obtain consumer credit reports on me in connection with the opening, monitoring, renewal, and extension of this and other accounts with (your company) and the marketing of other products and services to me and my business by (your company). I further authorize (your company) to share the information received from my consumer credit report with (your company's) parent, subsidiaries and affiliates (and others if applicable). If I request, you will tell me whether my consumer credit report was requested and if so the name and address of the consumer credit agency that furnished the report.

Any misrepresentation in this application will be considered evidence of a fraud, since this information is the basis of the granting of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit references listed.

 Print Name/ Title

 Print Name/ Title

 Signature/ Date

 Signature/Date