

CREDIT APPLICATION

Date: _____

Company or Individual name: _____

Billing Address: _____

Shipping Address: _____

Telephone: _____ Fax: _____ Email: _____

Are your purchases subject to sales tax? _____ if no please attach a resale or exemption certificate.

Type of business: proprietorship _____ partnership _____ corporation _____

Date established: _____

Principal's name: _____

Address: _____

Telephone: _____

D-U-N-S # _____

Bank reference: _____

Address: _____

Contact: _____ Telephone: _____

Trade references: _____ Telephone: _____ Fax#: _____ Email _____

_____ Telephone: _____ Fax#: _____ Email _____

_____ Telephone: _____ Fax#: _____ Email _____

Company Information:

Name of person responsible for purchasing fasteners: _____

Name of person responsible for accounts payable: _____

Please check the following categories that apply:

We buy fasteners for:

Manufacturing or productions

Maintenance

Resale

Constructor

Other

How would you like to receive your invoices?

Fax # _____

Mail _____

Email _____

Do you ever have requirements for customer/special hardware items? _____

Where did you hear about our company? _____

What is your estimated monthly fasteners usage (dollars)? _____

I understand that all information provided herein is for the purpose of obtaining credit and that such information will be handled in confidence.

I further understand that this and all supplemental financial and credit information supplied are a part of this application, and that any false or misleading information shall constitute a fraudulent misrepresentation.

Signature: _____ Date: _____