



Southern California's Tool Crib Since 1956

APPLICATION FOR CREDIT

Legal Name of Applicant: _____

Trade Name or DBA of Company: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____ In Business Since: _____

Ownership: Individual__ Partnership__ Corp.__ LLC__ Federal ID# _____

Name of Parent Company if Division or Subsidiary _____

Headquarters__ Branch__ D & B # _____

Complete for Individuals: Social Security# ____ - ____ - ____ Driver License# _____

Other:

How did you learn about us? _____

SIC/NAICS Code: _____ Number of Manufacturing Employees: _____

Type of Business: Manufacturer__ Distributor__ Exporter__ Other (List) _____

Primary Industry Served: _____

Website: _____

Names, Address, Zip, Phone For Principles/Owners:

1. Name: _____ Position: _____

Complete Address: _____

Phone: _____ Fax: _____ Email: _____

2. Name: _____ Position: _____

Complete Address: _____

Phone: _____ Fax: _____ Email: _____

3. Name: _____ Position: _____

Complete Address: _____

Phone: _____ Fax: _____ Email: _____

BANK REFERENCES

- 1. Bank Name: _____
Contact: _____ Account# _____
Address: _____
Phone: _____ Fax: _____
- 2. Bank Name: _____
Contact: _____ Account# _____
Address: _____
Phone: _____ Fax: _____

TRADE REFERENCES (Industry References Preferred)

- 1. Company Name: _____ Account# _____
Contact: _____ Phone: _____ Fax: _____
Address: _____ E-mail _____
- 2. Company Name: _____ Account# _____
Contact: _____ Phone: _____ Fax: _____
Address: _____ E-mail _____
- 3. Company Name: _____ Account# _____
Contact: _____ Phone: _____ Fax: _____
Address: _____ E-mail _____
- 4. Company Name: _____ Account# _____
Contact: _____ Phone: _____ Fax: _____
Address: _____ E-mail _____

Billing Information

Contact Name: _____ Position: _____
Billing Address if Different: _____
Phone: _____ Fax: _____
Email: _____
Billing Method Requested: Email _____ Fax: _____

Check here if cash sales are ok until Credit Approved _____

*If any purchases will be made for resale, a resale card must be submitted prior to order.

We certify that all of the information on this form is correct. We fully understand your credit terms are Net 30 Days and agree to the proper payment in consideration of extended credit. We agree that if we default in payment in accordance with terms, we will pay all cost of collections including but not limited to collection agency fees, reasonable attorney fees, court costs, filing fees and service fees.

Signed: _____ Title: _____ Date: _____