

MoldShopTools.com

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APPLICATION FOR CREDIT

This information is submitted in strict confidence and will be used expressly to determine credit worthiness.

COMPANY NAME _____

BILLING ADDRESS _____

CITY, STATE, ZIP CODE _____

(Area Code) PHONE # _____ FAX _____ E-MAIL _____

PRINCIPAL OFFICER(S) or OWNER(S) _____ TITLE _____

TYPE OF COMPANY

- | | | |
|---|---------------------------------|-------|
| <input type="checkbox"/> Corporation | Tax I.D. # Or Social Security # | _____ |
| <input type="checkbox"/> Partnership | Years in Business | _____ |
| <input type="checkbox"/> Proprietorship | Number of Employees | _____ |

ACCOUNTS PAYABLE CONTACT

NAME _____ TITLE _____

(Area Code) PHONE# (_____) _____

BANK REFERENCE

NAME _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

(Area Code) PHONE # _____ FAX _____

CONTACT NAME _____ TITLE _____

ACCOUNT NUMBER _____ TYPE _____

ACCOUNT NUMBER _____ TYPE _____

COMMENTS/REMARKS _____

CREDIT APPLICATION (continued)

TRADE REFERENCES

NAME _____
ADDRESS _____
CITY, STATE, ZIP CODE _____
(Area Code) PHONE # _____ FAX _____
COMMENTS/REMARKS _____

NAME _____
ADDRESS _____
CITY, STATE, ZIP CODE _____
(Area Code) PHONE # _____ FAX _____
COMMENTS/REMARKS _____

NAME _____
ADDRESS _____
CITY, STATE, ZIP CODE _____
(Area Code) PHONE # _____ FAX _____
COMMENTS/REMARKS _____

AMOUNT OF OPEN ACCOUNT CREDIT REQUESTED: \$ _____

Open Account Credit Terms are a privilege. Customer agrees to conform to Payment Terms. In the event that collection proceedings are initiated to secure delinquent accounts, customer will be responsible for all collection charges (collection agency and attorney's fees, and court costs). I hereby authorize MoldShopTools.com to contact the above references to obtain information necessary to process this application. I certify that the information on this application is true and complete.

BY _____
Signature Title

FOR _____
Print Company Name Date