



TOOL-SMITH CREDIT APPLICATION
1300 4TH AVENUE SOUTH • BIRMINGHAM, AL 35233
PHONE (205) 323-2576 • FAX (205) 323-9060

TOOL-SMITH MOBILE • TOOL-SMITH NASHVILLE • TOOL-SMITH ATLANTA
 PHO: (251) 661-0404 PHO:(615) 883-4833 PHO:(770) 448-4844
 FAX: (251) 661-8970 FAX:(615) 883-4236 FAX:(770) 448-7395

DATE: _____

BUSINESS INFORMATION – MUST BE COMPLETED

COMPANY NAME: _____
 STREET ADDRESS / PO BOX: _____
 CITY: _____ STATE: _____ ZIP: _____
 COUNTY: _____ PHO: _____ FAX: _____

SHIP TO:

COMPANY NAME: _____
 STREET ADDRESS: _____
 CITY, STATE, ZIP: _____
 COUNTY: _____ PHO: _____ FAX: _____

GENERAL INFORMATION

BUSINESS TYPE: CORPORATION PARTNERSHIP PROPRIETORSHIP
 INDIVIDUAL OTHER _____
 DESCRIPTION OF BUSINESS: OEM RESALE END USER
 FEDERAL TAX ID: _____ DUNS #: _____ SIC CODE: _____
 TAX EXEMPT: YES NO YEARS IN BUSINESS: _____ PO'S REQUIRED: _____
 (If yes, send tax exemption certificate)
 CREDIT LINE DESIRED: _____ INVOICES: MAIL FAX EMAIL
 INVOICE QTY (If more than 1): _____

CREDIT REFERENCES

NAME	ADDRESS	PHONE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

BANK NAME (INCLUDE ACCT #) _____
 CONTACT NAME: _____ PHONE #: _____

TERMS & CONDITIONS

Applicant's signature attests financial responsibility of applicant's company, in addition to company's ability and willingness to pay for material supplied according to our credit terms which are net 30 days. Tool-Smith Company, Inc. reserves the right to charge interest for invoices not paid according to these terms at the rate of 1-1/2% per month on the unpaid balance. Tool-Smith Company, Inc. also reserves the right to limit or terminate credit if account is not paid according to these terms and conditions.

GENERAL PROVISIONS

This application and the information contained herein is a request for the extension of credit for commercial business use only. The applicant authorizes Tool-Smith to obtain a written or oral credit report from any credit reporting agency. Applicant further authorizes any bank or commercial business with whom the applicant is doing or has done any type of business to give any and all necessary information to Tool-Smith which will assist Tool-Smith in its credit investigation. The applicant further authorizes Tool-Smith to investigate the applicant's credit status from time to time as Tool-Smith deems necessary. Any changes in legal status must be communicated to Tool-Smith by certified mail. The original applicant will remain liable until such time as Tool-Smith has received notice of the change in legal status and has been given a reasonable period of time to respond to such notice. Further, should this account be placed for collection, the applicant agrees to pay all costs of collection including, but not limited to attorney fees of 25%.

SIGNATURES

APPLICANT'S SIGNATURE _____

PRINTED NAME _____

TITLE: _____

FOR OFFICE USE -----
SALESMAN NUMBER: _____