



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Company Name		Date business commenced	
Company DBA		<input type="checkbox"/> Sole proprietorship	Tax ID: _____
Phone Fax		<input type="checkbox"/> Partnership	1099 Required Y___ N___
E-mail		<input type="checkbox"/> Corporation	Resale Tax ID: _____
Registered company address City, State ZIP Code		<input type="checkbox"/> Other	

BUSINESS AND CREDIT INFORMATION

Billing City, State ZIP Code		Bank name:	
How long at current address?		Bank Branch Address City, State ZIP Code	
Phone		Contact / Phone	
Fax		Account number	
Accounts Payable E-mail		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice. Please read our Terms and Conditions.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize T-Tool USA LLC to make inquiries into the banking and business/trade references that you have supplied. This information will be held in strictest confidence.

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	

Please fax this form to: 954-358-6073