

# Super Tool, Inc.

## CREDIT APPLICATION

Please fax back to 941-756-6480 or email to sales@supertoolinc.com

Complete Firm Name: \_\_\_\_\_ Date: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship

Date Established: \_\_\_\_\_

Location Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

City & State \_\_\_\_\_ ZIP \_\_\_\_\_ Fax #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone#: \_\_\_\_\_

City & State \_\_\_\_\_ ZIP \_\_\_\_\_ Fax #: \_\_\_\_\_

Ship To: \_\_\_\_\_

List Officers /Owners / Contacts (Print Names)

Position or Title:

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Trade References:

Address:

Telephone and Fax:

Phone \_\_\_\_\_

Fax \_\_\_\_\_

1. \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

Bank: \_\_\_\_\_ Account # \_\_\_\_\_

Bank Address and Phone #: \_\_\_\_\_

\*\*\*\*\*

The undersigned representative understands and agrees that should credit be extended to the above listed company, or to the individual representative, payments are to be made in accordance with terms, as set forth on Super Tool invoices (1%10/Net30 days). Furthermore, accounts are considered PAST DUE AT 30 DAYS (or over) AND ARE SUBJECT TO SERVICE CHARGES OF 1.5% PER MONTH( or18% per annum). It is further understood and agreed that in the event it becomes necessary for Super Tool, as seller, to engage the services of any agency or attorney to collect payment for merchandise sold, the purchaser will pay all collection costs, including but not limited to, reasonable legal fees and court costs incurred by the seller in both pre-judgement and post-judgment collection actions.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE PARAGRAPH and certify the information listed on this application.

Name: \_\_\_\_\_ Title: \_\_\_\_\_