

Super Tool, Inc.

Credit Application

Please Fax back to 941-756-6480

Or Email to sales@supertoolinc.com

Call 941-751-9677 with any questions

Company Name: _____ Date: _____

Type of Business: _____ Corporation _____ Partnership _____ Proprietorship

Date Established: _____ Telephone # _____ Fax # _____

Address: _____

Email Address: _____

List Officers /Owners / Contacts (Print Names)

Position or Title:

_____	_____
_____	_____
_____	_____

United States Trade References (please only provide references from the US):

1. _____ Phone _____

_____ Fax _____

2. _____ Phone _____

_____ Fax _____

3. _____ Phone _____

_____ Fax _____

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, payment 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 (or 18% 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: _____

** Please include a copy of your Resale Certificate