



Tool Authority
 P.O. BOX 8756, Grand Rapids, MI 49518
 FAX (616) 241-1754

APPLICATION FOR CREDIT

PLEASE FILL OUT COMPLETELY. MISSING INFORMATION MAY RESULT IN A DELAY IN PROCESSING.

| | | | |
|---|-------|--------------------------|-------------------------|
| BILL TO: FIRM NAME | PHONE | SHIP TO: FIRM NAME | PHONE |
| ACCOUNTS PAYABLE CONTACT | FAX | ACCOUNTS PAYABLE CONTACT | FAX |
| ADDRESS | | ADDRESS | |
| CITY | | CITY | |
| COUNTY | | COUNTY | |
| STATE ZIP | | STATE ZIP | |
| PREVIOUS BILL TO ADDRESS (IF MOVED WITHIN THE LAST 4 YEARS) | | CITY | COUNTY |
| STATE/ZIP | | | |
| APPLICANT IS A (CHECK ONE) | | | |
| <input type="checkbox"/> CORPORATION - DATE OF INC. ___/___/___ <input type="checkbox"/> PARTNERSHIP - NO. OF YEARS _____ <input type="checkbox"/> SOLE PROPRIETORSHIP - NO. OF YEARS _____ | | | |
| FED. ID NO.: _____ TYPE OF BUSINESS _____ | | | |
| NAME(S) OF PRINCIPAL(S)/TITLE(S) AND SOCIAL SECURITY NUMBERS (REQUIRED IF SOLE PROPRIETORSHIP OR PARTNERSHIP) | | | |
| 1. | | SOCIAL SECURITY NUMBER | |
| 2. | | SOCIAL SECURITY NUMBER | |
| TAX INFORMATION | | | |
| <input type="checkbox"/> TAXABLE <input type="checkbox"/> NON-TAXABLE-REASON: _____ STATE TAX ID NO.: _____ <small>RESALE, NON-PROFIT, GOVERNMENT, INDUST. PROC., OTHER</small> | | | |
| TRADE REFERENCES (SUPPLIERS ONLY) | | | |
| 1. | NAME | CITY/STATE | PHONE / FAX |
| 2. | NAME | CITY/STATE | PHONE / FAX |
| 3. | NAME | CITY/STATE | PHONE / FAX |
| P.O. REQUIRED? | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO AUTHORIZED BUYERS: _____ | | | |
| HAVE YOU EVER DONE BUSINESS WITH TOOL AUTHORITY? | | | REQUESTED CREDIT LIMIT: |
| <input type="checkbox"/> YES <input type="checkbox"/> NO YEAR _____ UNDER WHAT NAME? _____ | | | |

I (We) have completed this application to obtain credit, and certify that all statements contained thereof are true and correct. I (We) agree that credit inquiries may be made and authorize the release of such information to you. I (We) understand and agree that any credit granted shall be paid promptly in accordance with credit grantor terms and conditions. I (We) also understand and agree that credit grantor may add a service charge at a rate of 11/2% or 18% per annum to any balance not paid in accordance with said terms and agreements. I (We) also agree, in the event of default, to pay actual or reasonable collection costs, actual or reasonable attorney and court costs.

I (We) agree to immediately notify TOOL AUTHORITY of a change in ownership or address or form of said business. This agreement shall remain in force until written notice revocation is received by TOOL AUTHORITY.

| |
|--------------------------------------|
| FOR INTERNAL USE ONLY |
| SALES REP _____ ACCT. NO. _____ |
| PRICE GROUP _____ CREDIT LIMIT _____ |

SIGNATURE (REQUIRED) _____
CORPORATE OFFICER ONLY

DATE _____