



CREDIT APPLICATION

COMPANY NAME: _____

OWNER/PRESIDENT'S NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

COMPANY TYPE (SELECT): CORPORATION LLC PARTNERSHIP

FEDERAL TAX ID #: _____

NUMBER OF YEARS IN BUSINESS? _____

ACCOUNTS PAYABLE MANAGER'S NAME: _____

ACCOUNTS PAYABLE MANAGER'S EMAIL: _____

PURCHASING AGENT'S NAME: _____

PURCHASING AGENT'S EMAIL: _____

SALES TAX STATUS (SELECT): EXEMPT TAXABLE DIRECT PAY

IF YOU HAVE CHECKED "EXEMPT," PLEASE INCLUDE A VALID EXEMPTION FORM.

BANK NAME: _____

BANK CONTACT NAME: _____

BANK CONTACT EMAIL: _____

BANK CONTACT PHONE: _____

BANK ADDRESS: _____

BUSINESS/COMPANY REFERENCE #1: _____

CONTACT NAME: _____

PHONE: _____

EMAIL: _____

ADDRESS: _____



BUSINESS/COMPANY REFERENCE #2: _____

CONTACT NAME: _____

PHONE: _____

EMAIL: _____

ADDRESS: _____

BUSINESS/COMPANY REFERENCE #3: _____

CONTACT NAME: _____

PHONE: _____

EMAIL: _____

ADDRESS: _____

CONSENT & WAIVER

TERMS & CONDITIONS: WE CERTIFY THAT ALL INFORMATION IS CORRECT. WE FULLY UNDERSTAND YOUR TERMS AND AGREE TO THE PROPER PAYMENT IN CONSIDERATION OF EXTENDED CREDIT AND THAT IF THE CHARGES REQUIRE OUTSIDE AGENTS TO COLLECT ANY DEFAULT AMOUNT, THEN ALL REASONABLE COLLECTION FEES, FINANCE CHARGES, ATTORNEY FEES AND COURT COST WILL BE MY/OUR OBLIGATION AS WELL AS ALL PRINCIPAL AMOUNT DUE. A 1 ½ SERVICE CHARGE PER MONTH WILL BE CHARGED ON ALL PAST DUE ACCOUNTS. MINIMUM BILLING CHARGE IS \$25.00 (\$35.00 FOR RESALE ACCOUNTS.)

I ACCEPT THE TERMS & CONDITIONS

NAME: _____ SIGNATURE: _____

DATE: _____

PERSONAL GUARANTEE: THE UNDERSIGNED UNDERSTANDS AND AGREES THAT HE OR SHE WILL BE PERSONALLY LIABLE FOR ALL DEBTS ON THIS ACCOUNT.

I ACCEPT THE PERSONAL GUARANTEE

NAME: _____ SIGNATURE: _____

DATE: _____



HOW DID YOU HEAR ABOUT SPARTAN TOOL SUPPLY? _____

UPON APPROVAL, DO YOU WISH TO RECEIVE A MONTHLY STATEMENT? YES NO