

# TOOL STEEL SERVICE, INC.

7333 S. 76th Ave., Bridgeview, IL 60455 Phone 708-458-7878 Billing Fax 708-458-9402

## APPLICATION FOR CREDIT

Name of Company \_\_\_\_\_

Billing Address \_\_\_\_\_

Ship To Address \_\_\_\_\_

A/P Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Type of Business \_\_\_\_\_ How Long in Business \_\_\_\_\_

Federal ID Number \_\_\_\_\_ Are you Sales Tax Exempt Yes No

If YES, please include a Sales Tax Exemption Certificate with application

### Owners & Officers

Name \_\_\_\_\_ Title \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Address \_\_\_\_\_

### Bank Information

Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Contact Name \_\_\_\_\_

### Trade References Fax Number preferred

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

### THE CUSTOMER UNDERSTANDS AND AGREES TO THE FOLLOWING TERMS AND CONDITIONS:

I authorize Tool Steel Service Inc. to contact the above stated bank and credit references.

I agree to pay Tool Steel Service, Inc within the terms stated on their invoices.

NSF Checks are subject to a \$25.00 charge

Customer agrees to bear all costs incurred in collection of any unpaid amounts including but not limited to collection agencies, legal fees and court costs.

This form must be signed by an authorized agent of the customer.

Print Name \_\_\_\_\_ Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_