



350 South "B" Street, P.O. Box 674  
Hamilton, Ohio 45013  
Phone (513) 868-TOOL (8665)  
Fax (513) 868-1530

## CREDIT APPLICATION

In filing this application it is understood that we agree to remit in full for all invoices incurred on or before the last day of each month, no later than the 10<sup>th</sup> of the month following statement. Unpaid accounts will be subject to closing if not paid by the 25<sup>th</sup> of the month following the statement.

NAME OF BUSINESS OR PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PERSON TO CONTACT FOR PAYMENT: \_\_\_\_\_

TELEPHONE NUMBER OF OFFICE: \_\_\_\_\_ PHONE FOR OWNER: \_\_\_\_\_

Please check one of the following that applies to your company:

Corporation  Partnership  Individual

If you are tax exempt, please check the appropriate space and enclose tax exemption form with your application.

Tax Exempt  Not Tax Exempt

Please provide the following information: Federal ID#: \_\_\_\_\_

Name and Address of Owner:

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

Address: \_\_\_\_\_

Social Security number of owner: \_\_\_\_\_

If a corporation, name and address of officers:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

**CREDIT INFORMATION**

NAME OF YOUR BANK: \_\_\_\_\_

BRANCH AND ADDRESS: \_\_\_\_\_

CHECKING ACCOUNT NUMBER: \_\_\_\_\_

PLEASE GIVE THE NAME, ADDRESS AND PHONE NUMBER OF NO LESS THAN THREE BUSINESSES WITH WICH YOU HAVE A MONTHLY CHARGE ACCOUNT. (No department stores please.)

(1) NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
ACCT. NUMBER: \_\_\_\_\_

(2) NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
ACCT. NUMBER: \_\_\_\_\_

(3) NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
ACCT. NUMBER: \_\_\_\_\_

WHO IS AUTHORIZED TO CHARGE ON THIS ACCOUNT? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you require special items on your invoices?  
(Circle the appropriate)

Purchase Order Numbers? Yes No  
Job Names? Yes No  
Job Numbers? Yes No

I swear the above information to be correct as stated.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

I guarantee payment of all sales or rentals on this account.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_