

Date: _____

Company or Individual name: _____

Billing Address: _____

Shipping Address: _____

Telephone: _____ Fax: _____ Email: _____

Are your purchases subject to sales tax? _____ if no please attach a resale or exemption certificate.

Type of Business: Proprietorship Partnership Corporation Date Established: _____

Principal's Name: _____

Address: _____

Telephone: _____

Bank Reference: _____

Address: _____

Contact: _____ Telephone: _____

Trade References:

_____ Telephone: _____ Fax#: _____ Email: _____

_____ Telephone: _____ Fax#: _____ Email: _____

_____ Telephone: _____ Fax#: _____ Email: _____

Company Information:

Name of person responsible for purchasing fasteners: _____ Email _____

Name of person responsible for accounts payable: _____ Email _____

Please check the following categories that apply:

We buy fasteners for:

- Manufacturing or productions
- Maintenance
- Resale
- Constructor
- Other

How would you like to receive your invoices?

- Fax#: _____
- Mail: _____
- Email: _____

Do you ever have requirements for customer/special hardware items? _____

Where did you hear about our company? _____

What is your estimated monthly fasteners usage (dollars)? _____

I understand that all information provided herein is for the purpose of obtaining credit and that such information will be handled in confidence. I further understand that this and all supplemental financial and credit information supplied are a part of this application, and that any false or misleading information shall constitute a fraudulent misrepresentation.

Signature: _____ Date: _____