



Business Name: _____
 Phone: _____ Fax: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Billing Address: _____ City: _____ State: _____ Zip: _____
 Manager: _____ Buyers: _____
 Are you a division or subsidiary of another company? _____ Accounts Payable: _____
 Parent Name: _____ Contact: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____

Individual Partnership Corporation Date of Inc: _____ State: _____ In Business Since _____
 Federal ID# _____ Financial Statement Attached Sales Tax Exempt Certificate Attached
 Estimated monthly purchases from ToolPro: \$ _____

Officer/Owner's Name & Title: _____ SS# _____
 Home Address: _____
 Phone: _____ Years at this address: _____
 Have you or any company in which you have had an interest ever filed bankruptcy? _____

TRADE REFERENCES (four required)

	Company	City	State	Phone	Contact	Acct#
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____

BANK REFERENCES

	Company	City	State	Phone	Contact	Acct#
Checking:	_____	_____	_____	_____	_____	_____
Borrowing:	_____	_____	_____	_____	_____	_____
	(if none, please indicate)					

- I authorize any supplier or bank to provide ToolPro all information requested about all accounts and obligations for which I or the company is signatory.
- In consideration of credit by ToolPro, I agree to pay net 30 days of shipment, and to pay at the rate of 18% per annum interest on past due accounts plus costs of collection and attorney's fees of not less than 15% of the balance due.
- In the event that a lawsuit is filed to collect a delinquent account, I agree that jurisdiction and venue for such action shall be in the state courts of Cobb County, Georgia. I expressly submit to the jurisdiction of said courts and waive any and all defenses based upon lack of jurisdiction or venue.
- I understand that by providing the fax number(s) above, I am consenting for the company to receive faxes sent by or on behalf of ToolPro.
- I have read the above carefully and certify all the above stated is true and correct.

 Officer Title Date

The undersigned jointly and/or severally personally guarantee payment of indebtedness of the above account, notwithstanding any limiting words or capacities placed after their signatures, and agree to be bound by the above terms and conditions.

 Guarantor SS# Date

 Guarantor SS# Date