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TOOLPRO

TOOLS FOR PROFESSIONALS

CREDIT APPLICATION TO:

Business Name: _____ Fax: _____ Phone: _____
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: \$ _____

1. Officer/Owner's Name & Title: _____ SS# _____
Home Address: _____
Phone: _____ Years at this address: _____
2. 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 a 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 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