



TOOLROOM SUPPLIES & EQUIPMENT

P.O. Box 1437 - Bridgeview, IL 60455-0437

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CREDIT APPLICATION

NAME OF FIRM: _____

Address _____ City & State _____ Zip _____

Phone # _____ Fax _____ Email _____

Shipping Address _____ City & State _____

Kind of Business _____

Year Established _____ Year Incorporated (if different) _____

At present location since (date) _____ DUNS # _____

Type of Ownership: Corporation _____ Partnership _____ Sole Proprietor _____

If Corporation, Federal ID # _____ (or) Social Security # _____

Owner's Name(s) _____

President _____ Vice-President _____

Purchasing Agent _____ Accounts Payable _____

Will the material(s) purchased be resold? (Y/N) _____ Resale certificate # _____

REFERENCES:

Give only names of those you buy from on a regular basis

Name _____

Name _____

Address _____

Address _____

City _____

City _____

State _____ Zip Code _____

State _____ Zip Code _____

Phone # _____ Fax # _____

Phone # _____ Fax # _____

Name of Bank _____

Name of Bank _____

Address _____

Address _____

City _____

City _____

State _____ Zip Code _____

State _____ Zip Code _____

Signed _____

Date _____