



APPLICATION FOR CREDIT

Thank you for your interest in "TFS" as your supplier. In order to expedite the opening of a line of credit for your use, completion of the information request below will be appreciated. This information is for the exclusive use of TFS and will not be shared with any third party unless requested by you.

Name	_____
Form of entity	_____
Sole Owner _____ Partnership _____ Corporation _____ LLC/LP _____	
Year founded	_____
Street address:	
Physical	_____
City - State - Zip Code	_____
Billing (if different)	_____
City - State - Zip Code	_____
Website	_____
Contractor number	_____
Sales tax exemption certificate	_____
DUN's number	_____
Type of business	_____
NAICS (SIC) code	_____
Accounts payable	
Contact name	_____
Telephone	_____
Fax	_____
E-mail address	_____
Banking information	
Name	_____
Address	_____
City - State - Zip code	_____
Checking account number	_____
Contact name	_____
Telephone	PH: _____ FAX: _____

Management	Phone	E-mail
Owner's name	_____	_____
Chief Executive Officer	_____	_____
VP (Manager) Sales	_____	_____
VP (Manager) Operations	_____	_____
VP (Chief Financial Officer)	_____	_____

Credit References	
1	Name _____
	Address _____
	City _____
	State & Zip code _____
	Phone _____
	Fax & e-mail _____
2	Name _____
	Address _____
	City _____
	State & Zip code _____
	Phone _____
	Fax & e-mail _____
3	Name _____
	Address _____
	City _____
	State & Zip code _____
	Phone _____
	Fax & e-mail _____

Corporate Executive Certification: We hereby authorize Tool & Fastener Supply, LLC to verify the confidential information listed above to qualify applicant for a Line of Credit with TFS

Authorized Signature: _____ **Title:** _____ **Date:** _____