

CREDIT APPLICATION

Net 30 day Terms



SINCE 1943

RETURN TO: CREDIT MANAGER
SPARTAN TOOL, LLC
1618 TERMINAL RD
NILES, MI 49120

FAX#: 888-876-2371
email: accountsrec@spartantool.com

COMPANY NAME: _____

BILLING ADDRESS: _____
ADDRESS CITY STATE ZIP CODE

SHIPPING ADDRESS: _____
ADDRESS CITY STATE ZIP CODE

PHONE #: _____ FAX #: _____ E-MAIL: _____

EIN or SS# _____ DUN & BRADSTREET NUMBER: _____

CHECK ONE:

PRINCIPAL CONTACT(s):

____ Sole Proprietorship 1) _____ TITLE _____
____ Partnership 2) _____ TITLE _____
____ Corporation 3) _____ TITLE _____

Years established: _____ Number of employees _____ Type of Business _____

Requested Credit Limit _____

CREDIT REFERENCES:

1) _____
NAME PHONE NUMBER E-MAIL ADDRESS FAX NUMBER
2) _____
NAME PHONE NUMBER E-MAIL ADDRESS FAX NUMBER
3) _____
NAME PHONE NUMBER E-MAIL ADDRESS FAX NUMBER

BANK REFERENCES:

NAME ADDRESS CITY STATE ZIP CODE

ACCOUNT # PHONE NUMBER FAX NUMBER

In support of this application, Spartan Tool, LLC is hereby authorized to obtain credit information from my/our bank, other financial institutions or commercial firms with whom I/we have done business. It is understood that any such credit information will be held in strict confidence and used only in consideration of this application. Upon approval of this application, it is agreed that all purchases will be paid in full and in accordance with the terms of sale as stated on Spartan Tool, LLC invoice(s). Should I/we not pay Spartan Tool, LLC according to terms, it is understood that credit privileges may be withdrawn.

AUTHORIZED SIGNATURE

DATE