



# Tool & Cutter

www.toolandcutter.com

London Branch & Head Office: 430 Newbold Street London, ON N6E 1K1 ph: (519) 681-5600 fx: (519) 681-9226

Woodstock Branch: 1057 Parkinson Road, Unit 6 Woodstock, ON N4S 7W3 ph: (519) 421-9730 fx: (519) 421-9285

## CREDIT APPLICATION

COMPANY NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_  
 CITY/PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_  
 SHIP TO: \_\_\_\_\_  
 MAIL  OR EMAIL  INVOICES TO: \_\_\_\_\_  
 WEB SITE: \_\_\_\_\_

PRINCIPALS: \_\_\_\_\_ TITLE: \_\_\_\_\_  
 \_\_\_\_\_

A/P CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 BUYERS NAME: \_\_\_\_\_ P.O. REQUIRED YES  NO   
 EXPECTED MONTHLY PURCHASES \$0-2,000  \$2,000 & OVER

SOLE OWNERSHIP  PARTNERSHIP  COPRPORATION   
 ARE BUSINESS PREMISES OWNED  LEASED  YEAR EST. [      ]

MAJOR SUPPLIER REFERENCES (Make sure all **fax numbers** are accurate to ensure a quick turn around.)

NAME	CITY	PHONE	FAX

BANK NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

The undersigned understands and agrees that should credit be extended to my company or myself individually, payments are to be made in accordance with the terms set forth on invoices (2% 10 Net 30 Days or Net 30). It is further understood and agreed that in the event it becomes necessary to collect payment for merchandise sold herein, the purchaser will pay all collection costs, including reasonable attorney fees and court costs incurred by the seller in both pre-judgment and post-judgment collection actions.  
 I HAVE READ AND FULLY UNDERSTAND THE ABOVE PARAGRAPH.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
 TITLE: \_\_\_\_\_

For Tool & Cutter Supply office use
Account Number: _____
Warehouse: _____
Salesman: _____
Date Account Opened: _____
Opened By: _____