



AMERICAN SHOP TOOLS, LLC

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

2204 N. Frazier Street

Conroe, Texas 77303

Fax 936.828.3936

accounts@americanshoptools.com

BUSINESS CONTACT INFORMATION

Title:			
Company Name:			
Phone:		Fax:	E-mail:
Registered company address:			
City:		State:	ZIP Code:
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:		State:	ZIP Code:
How long at current address:			
Telephone:		Fax:	E-mail:
Bank:			
Bank Address:		Phone:	
City:		State:	ZIP Code:
Type of account	Account Number:	DUN Number:	
Savings		Sales Tax Number:	
Checking		EIN:	

BUSINESS/TRADE REFERENCES

Company Name:			
Address:			
City:		State:	ZIP Code:
Phone:		Fax:	E-mail:
Type of Account:			
Company Name:			
Address:			
City:		State:	ZIP Code:
Phone:		Fax:	E-mail:
Type of Account:			
Company Name:			
Address:			
City:		State:	ZIP Code:
Phone:		Fax:	E-mail:
Type of Account:			

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize American Shop Tools, LLC. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Signature:		Signature:	
Title:		Title:	
Date:		Date:	

FOR INTERNAL USE ONLY:

Received by:		Date:	
Verified by:		Date:	
Approval:		Account No:	
Credit Limit:		Terms:	