

# C & L TOOL SUPPLY INC.

218 Flaugherty Run Road Coraopolis, PA 15108 Phone: (724) 457-4900 Fax: (724) 457-4904

## APPLICATION FOR CREDIT

### COMPANY DEMOGRAPHICS

Date: \_\_\_\_\_

Name / Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
*(Accounting E-mail Address)*

*(If Different from Billing)*  
Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### SALES TAX EXEMPT

No: \_\_\_\_\_ Yes: \_\_\_\_\_ Tax Exempt Number / ID: \_\_\_\_\_

*If Tax Exempt, Please include a copy of Sales Tax Exempt Certificate*

Type of Business: \_\_\_\_\_

Corporation: \_\_\_\_\_ Partnership: \_\_\_\_\_ Proprietorship: \_\_\_\_\_ Individual: \_\_\_\_\_

Were you Incorporated within the past 12 months: No: \_\_\_\_\_ Yes: \_\_\_\_\_

Year Operation Started: \_\_\_\_\_ Years @ Present Location: \_\_\_\_\_

### CREDIT REFERENCES

List 3 Major Suppliers with whom you are **CURRENTLY** doing business in an open account:

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

### BANK INFORMATION

Bank Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Branch: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_