



# INTERNATIONAL FASTENERS, INC.

“The Distributor’s Choice”

## CREDIT APPLICATION

Legal business name: \_\_\_\_\_

Type of Business: { } Corporation Date: \_\_\_\_\_ { } Proprietorship { } Partnership

Do you have multiple company locations? \_\_\_\_\_ How many? \_\_\_\_\_

**Federal ID Number or SS #:** \_\_\_\_\_

**Resale Certificate #:** \_\_\_\_\_

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

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

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

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

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

E-mail address: \_\_\_\_\_ Website: \_\_\_\_\_

Company Officers: \_\_\_\_\_ Partners: \_\_\_\_\_

Are you listed with a Credit Reporting Agency? \_\_\_\_\_ Rating: \_\_\_\_\_

Name of Accounts Payable contact: \_\_\_\_\_ Ext# \_\_\_\_\_

Buying Group Membership: \_\_\_\_\_

### Bank Information:

Name of bank: \_\_\_\_\_ Account#: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

\_\_\_\_\_ Contact officer:



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Trade References: **(3 required)**

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Acct # \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Acct # \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Acct.: \_\_\_\_\_

**Shipping instructions:** Please supply any special shipping information needed below:

\_\_\_\_\_

UPS Collect#: \_\_\_\_\_ Truck Collect: \_\_\_\_\_

I/we authorize you to investigate our credit history and the credit history of the owners, officers, and partners of this credit application. Invoices are issued with Net 30 day terms. Any open account will be placed on credit hold if not paid within the terms, and your account is subject to C.O.D. status. I/We agree to pay all collection costs, including attorney fees, and court costs in the event it is necessary to take legal action to collect past due accounts. I/We certify that all the information on this application is correct. I/We fully understand your credit terms and agree to the payment terms. I/We personally guarantee the proper payment in consideration of credit extended.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Please return completed application, references, and resale certificate to:**

**[AR@Daggerz.com](mailto:AR@Daggerz.com) or fax (888) 241-2096**

Corporate Headquarters

1341 Massaro Boulevard, Tampa, FL 33619 Ph: (888) 241-0203, Fax: (888) 241-2096

[www.daggerz.com](http://www.daggerz.com)

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