

CREDIT APPLICATION

Legal business name:			
Type of Business: {} Corpo	oration Date:	_{{}} Proprietorship	{ } Partnership
Do you have multiple comp	oany locations?	How many? _	
Federal ID Number or SS	#:		
Resale Certificate #:			
Billing Address:			
City:	State:	Zip Cod	e:
Business Phone:	Business Fax:		
Shipping Address:			
City:	_ State:	Zip Code:	
E-mail address:	ess: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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INTERNATIONAL FASTENERS, INC.

"The Distributor's Choice"

Trade References: (3 required)			
Company:			
Phone:			
Fax:			
Acct #			
Company:			
Phone:			
Fax:			
Acct #			
Company:			
Phone:			
Fax:			
Acct.:			
Shipping instructions: Please supply as	ny special shipping inform	nation needed below:	
UPS Collect#:	Truck Collect:		
I/we authorize you to investigate our credit history a credit application. Invoices are issued with Net 30 d paid within the terms, and your account is subject to attorney fees, and court costs in the event it is necess that all the information on this application is corre	ay terms. Any open account will be of C.O.D. status. I/We agree to pay ary to take legal action to collect p	pe placed on credit hold if no all collection costs, including ast due accounts. I/We certify	
payment terms. I/We personally guarantee the prope	er payment in consideration of cred	lit extended.	
Signature	Printed Name	Date	

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