

# EXPRESS PRO TOOLS

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## BILL TO

Terms net 30 days from date of invoice

LEGAL NAME OF ACCOUNT

ATTN TITLE

STREET ADDRESS

CITY STATE ZIP

PHONE

FAX

EMAIL

## AUTHORIZED BUYERS

Name of authorized buyers on this account

PURCHASE ORDERS REQUIRED?  YES  NO

PURCHASE SUBJECT TO SALES TAX?  YES  NO

ARE YOU A GOVT. AGENCY?  YES  NO

CITY  COUNTY  STATE  FEDERAL

TYPE OF BUSINESS?

SOLE PROPRIETORSHIP  PARTNERSHIP

PRIVATE CORPORATION  PUBLIC CORPORATION

## CORPORATE INFORMATION

PRESIDENT

VICE PRESIDENT

CONTROLLER

A/P MANAGER

STATE IN WHICH YOU INCORPORATED

COUNTRY IN WHICH YOU INCORPORATED

NUMBER OF EMPLOYEES

YEARS ESTABLISHED

CREDIT LINE REQUESTED

DUN & BRADSTREET NUMBER

FED. EMP. IDENTIFICATION NUMBER (FEIN)

SCIC OR TYPE OF BUSINESS

## CREDIT HAS BEEN ESTABLISHED AT THE FOLLOWING

Please list three credit references you have had for at least one year. All references will be checked.

COMPANY NAME

CONTACT PERSON

PHONE

ACCOUNT NUMBER

COMPANY NAME

CONTACT PERSON

PHONE

ACCOUNT NUMBER

COMPANY NAME

CONTACT PERSON

PHONE

ACCOUNT NUMBER

## BANK REFERENCE

We authorize you, our bank reference, to release credit information regarding the following accounts to Express Pro Tools.

NAME OF BANK

BANKING OFFICER

PHONE NUMBER

FAX NUMBER

COMMERCIAL CHECKING ACCT. #

## AUTHORIZATION & AGREEMENT TO RELEASE CREDIT INFORMATION

In support of this application, Express Pro Tools is hereby authorized to obtain credit and/or financial information from my/our bank(s), other financial institutions or commercial firms with whom I/we have done business. It is understood that any such credit and/or financial information will be held in strict confidence and used only for consideration of this application. Upon such approval of this application, it is agreed that all purchases will be paid in full and in accordance with the terms of the sale net 30 days from the date of invoice. Should I/we not pay Express Pro Tools according to terms, it is understood that credit privileges may be withdrawn. Should Express Pro Tools find it necessary to obtain assistance in collecting any past due balance, I/we agree to pay all reasonable attorney fees, collection agency fees and/or court costs necessary to collect past due amount.

PRINT NAME

TITLE/POSITION

SIGNATURE OF AUTHORIZED OFFICER

DATE