

Credit Application

227 East 56th Street
New York, New York 10022
Phone: 1-800-508-4735
Fax: 718-228-5306



Company: _____
Address: _____
City: _____
State: _____
Zip Code: _____
Telephone: _____

Type of Business (Sole Owner, Partnership) Corporation: _____
Years in Business: _____

1.Name, Title & Phone: _____
2.Name, Title & Phone: _____
3.Name, Title & Phone: _____

Bank References

1.Bank Name & Address: _____
Account No. _____
Account No. _____

Trade References

1. _____
2. _____
3. _____

I certify that the above information is true. The information is to be used only for opening of an account.

I also understand by signing this document that if any items need to be returned to Toolfetch, that payment for all open invoices will be paid before RGA (Return Goods Authorization) is issued.

Please supply credit card number for security purposes only, credit card will not be charged or authorized unless account is delinquent.

Please circle: visa I amex I mastercard I discover

Number: _____ Name On Card _____
Expiration: __ / __ Security Code: _____

Signature and Title

_____/_____/_____
Date