



689 Mamaroneck Avenue Mamaroneck, NY 10543

Phone: (800) 508-4735

Return Application by Fax: (914) 315-4758 or E-mail: accounts@toolfetch.com

BUSINESS CONTACT INFORMATION

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	ZIP Code:
Date business commenced:		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	

BUSINESS AND CREDIT INFORMATION

Primary business address:		
City:	State:	ZIP Code:
How long at current address?		
Telephone:	Fax:	E-mail:
Bank name:		
Bank address:		Phone:
City:	State:	ZIP Code:
Account number:	Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	

BUSINESS/TRADE REFERENCES

Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:

CREDIT CARD

Card type: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> Amex		Name on card:
Number:	Expiration date:	Security code:

AGREEMENT

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 (Returns Goods Authorization) is issued. Please supply your credit card number for security purposes only, credit card will not be charged or authorized unless your account is delinquent.

SIGNATURES

Signature:		Signature:	
Name:		Name:	
Title:	Date:	Title:	Date: