



Pro Tool Warehouse/ Pro Torque Tools



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

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

BUSINESS AND CREDIT INFORMATION

City, State ZIP Code		Bank name:	
How long at current address?		Primary business address City, State ZIP Code	
Phone		Phone	
Fax		Banking Contact Name (If Known)	
E-mail		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other
D-U-N-S Number		CAGE Code:	

BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Supplier of:		Credit Limit	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Supplier of:		Credit Limit	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Supplier of:		Credit Limit	

AGREEMENT

1. By submitting this application, you authorize Pro Tool Warehouse, LLC to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	