

P.O. Box 12251  
Spring, TX 77391  
P 281-320-8677 | F 281-320-8678  
accounting@torquetoolsinc.com

## CREDIT APPLICATION

**BILL TO:**

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Business Name

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Address

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City, State, Zip

---

Phone #

---

Fax #**SHIP TO: (If Different)**

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Business Name

---

Address

---

City, State, Zip

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Phone #

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Fax #**BUSINESS AND CREDIT INFORMATION**

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_ Years in Business \_\_\_\_\_ Tax Exempt/Resale Cert # \_\_\_\_\_  
Officers \_\_\_\_\_ (PLEASE ATTACH FORM)

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President

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Vice President

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Federal ID#

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Accounts Payable Contact

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E-mail

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Phone #

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Fax#**BANK REFERENCE**

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Name

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Address

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Phone #

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Contact**BUSINESS/TRADE REFERENCE**

(1) \_\_\_\_\_

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Name

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Address

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Phone#

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Fax#

(2) \_\_\_\_\_

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Name

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Address

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Phone#

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Fax#

(3) \_\_\_\_\_

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Name

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Address

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Phone#

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Fax#

(4) \_\_\_\_\_

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Name

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Address

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Phone#

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Fax#**AGREEMENT**

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting the application, you authorize Torque Tools, Inc. to make inquiries into the banking and business/trade references that you have supplied.

**SIGNATURE**

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Name

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Title

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Date