Date



Name

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

CREDIT APPLICATION

BILL TO:		SHIP TO: (I	f Different)		
*Business Name *Address		Business Nar	Business Name Address		
		Address			
City, State, Zip		City, State, Zip	<u> </u>		
Phone #	Fax #	Phone #		Fax#	
BUSINESS AND CREDIT	INFORMATION				
Corporation Partne Officers	rship Proprietorship	Years in Business	Tax Exempt	t/Resale Cert #(PLEASE ATTACH FORM)	
*President	E-mail			Federal ID#	
Vice -President	E-mail				
*Accounts Payable Contact	E-mail		Phone #	Fax#	
BANK REFERENCE					
Name	Address	1	Phone #	Contact	
BUSINESS/TRADE REFE	RENCE				
1) Name	Address		Phone#	Fax#	
2) Name	Address		Phone#	Fax#	
3)					
Name	Address	1	Phone#	Fax#	
(4) Name	Address		Phone#	Fax#	
 Claims arising from By submitting the 	o be paid 30 days from the date om invoices must be made withi e application, you authorize Tor you have supplied.	n seven working days.	nquiries into 1	the banking and business/trade	
		SIGNATURE			

Title