

CREDIT APPLICATION

Email completed application to: moreinfo@inspectortools.com

COMPANY NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE #: _____ FAX #: _____

CORPORATION ___ PARTNERSHIP ___ SOLE PROPRIETOR ___ OTHER _____

YEARS IN BUSINESS _____ NO. OF EMPLOYEES _____ ANNUAL SALES _____

FEDERAL TAX ID: _____ OR SS# _____

BANKING INFORMATION

BANK: _____ PHN NO. _____

ADDRESS: _____ EMAIL/FAX#: _____

CITY/STATE _____ CONTACT: _____

CHECKING ACCT #: _____ SAVINGS/OTHER _____

***AUTHORIZED SIGNATURE:** _____

TRADE REFERENCES [Include email addresses and/or fax numbers]

NAME: _____ PHN #: _____

ADDRESS: _____ EMAIL/FAX#: _____

CITY/STATE/ZIP: _____

CONTACT/CONTACTS: _____ ACCT #: _____

NAME: _____ PHN #: _____

ADDRESS: _____ EMAIL/FAX#: _____

CITY/STATE/ZIP: _____

CONTACT/CONTACTS: _____ ACCT #: _____

NAME: _____ PHN #: _____

ADDRESS: _____ EMAIL/FAX#: _____

CITY/STATE/ZIP: _____

CONTACT/CONTACTS: _____ ACCT # _____

For faster processing please list references that you have contacted **prior** to submitting them as a reference. Contact name, email address or fax number is required to verify your reference. Failure to do so will delay your process. Thank you for your assistance in this matter.