



RESALE CREDIT APPLICATION

Return by mail or fax to Bon Tool Co.

4430 Gibsonia Rd., Gibsonia, PA 15044 • Phone 724-443-7080 • FAX 724-443-7090 • www.bontool.com

Company Name _____ Website _____

Mailing Address (Street) _____

City _____ State _____ Zip _____

Physical Address (Street) _____

City _____ State _____ Zip _____

Telephone Number () _____ FAX Number () _____

Accounts Payable Contact: _____ E-Mail _____

List All Branch Offices: (Use additional paper if necessary.)

Branch Name _____ Phone _____

Address _____

Branch Name _____ Phone _____

Address _____

Principals Please list, beginning with highest ranking individual as indicated

President/Owner/Partner _____ Vice President _____

Treasurer _____ Secretary _____

Company Structure - (Complete line A, B, or C)

A. If corporation: Federal ID# _____ State Inc. _____

B. If individual: Social Security # _____ **C.** If Partnership: Social Security # _____

If you are a subsidiary, list name and address of your parent company _____

Other information

Sales exempt # _____ Sales Volume _____ # of Stores _____ Years in Present business _____

References: Please type or print. **Incomplete reference information will delay credit approval.**

Bank Name _____ Account # _____

Address _____ Phone () _____

City, State, Zip _____ Contact _____

Trade References Please list complete address of suppliers you currently buy from for resale. Provide fax numbers to expedite processing.

Reference #1 _____

Phone # () _____ FAX # () _____

Street, City, State, Zip _____

Reference #2 _____

Phone # () _____ FAX # () _____

Street, City, State, Zip _____

Reference #3 _____

Phone # () _____ FAX # () _____

Street, City, State, Zip _____

TERMS OF SALE - Authorized Signature Required

Payments are due 30 days following invoice date. Past due invoices will be charged 1.5% per month interest (annual rate 18%) on the unpaid balance. Customer agrees to pay all expenses incurred by Bon Tool Co. in the enforcement of the Company's rights caused by delinquent payment, including attorney's fees. (It is agreed 15% shall be a minimum reasonable fee.) All claims for adjustment by customer must be presented in writing no later than 30 days from the invoice date in question, or all claims are hereby waived by customer.

I HAVE READ AND AGREED TO THE "TERMS OF SALE":

Company Name _____ Authorized Name and Title _____

Signature _____ Date _____

Allow 2-3 weeks to process application.

For immediate delivery, use Mastercard, VISA, American Express or Discover or send check or money order.