

APPLICATION FOR CREDIT

Business Contact Information

Legal Company Name:		Years in Business	
Mailing Address:		Fed ID #	
City	State	Country	Zip
Phone:	Fax:	Requested credit amount:	
E-mail:		PO Required?	
Partnership	LLC	Sole Proprietorship	Corporation/State:
			A/P Contact

Owners or Principals

Name		Title	
Home Address			
City	State	Country	Zip
Name		Title	
Home Address			
City	State	Country	Zip

Business and Credit Information

Bank Name	Branch	Contact
Bank Address	Phone	Fax

Trade References (Important)

Company Name	Phone	Fax
Address		
City	State	Country
Contact	E-mail	

Company Name	Phone	Fax
Address		
City	State	Country
Contact	E-mail	

Company Name	Phone	Fax
Address		
City	State	Country
Contact	E-mail	

Persons Authorized to Purchase

Name	Title
Name	Title
Name	Title

Shipping Information

Shipping Location	Phone	Fax	
Address			
City	State	Country	Zip

Preferred Freight Company

First Choice Company	Account Number
Shipping Location	Account Number
Other	

This application must be completed in its entirety to facilitate processing

Our credit terms are net 30 days* *18% interest charged per annum on overdue accounts

- We/I make this application for a charge account and give Brace Tool USA authorization to obtain and report Business information and Personal credit information on the principals of this company including detailed bank reports through the services of The Echo Group/ Trans Union. For the purpose of opening this account and monitoring it for this business relationship.
- We/I authorize the exchange of business and personal information on an ongoing basis with credit bureaus and trade suppliers in order to protect and ensure the completeness of the information and to maintain the integrity of the credit granting system.
- We/I authorize the co-operation with local, provincial and national authorities in the investigation of unlawful or improper activities in order to protect both parties from fraudulent transactions.
- We/I authorize the discloser of business and personal information where necessary to protect your interests and ours.

Applicants Name	Date	Terms
Signature		Currency Billed

Accounting Use Only

Processed by:	Credit Limit Recommended:	Authorized by:	Credit Limit Approved:
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