

**Techsource Tools, Inc.**

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**COMMERCIAL CREDIT ACCOUNT APPLICATION**

**Please Print or Type**

Company Name:

Type of Business

Sole Proprietor

Address:

Partnership

Corporation

City:

St:

Zip:

Monthly Credit Amount \$

Years in Business

Tel:

Fax:

Email:

Fed ID/Social Security #

Authorized Buyers

**Principals**

President / Owner

VP / Partner

Address

Address

City

City

Home Phone #

Home Phone #

**Place of Business**

Own \_\_\_\_\_ Rent \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Tel: \_\_\_\_\_

**Bank References**

Bank

Bank

Address

Address

City

ST

Zip

City

ST

Zip

Contact Person

Contact Person

Account #

Account #

**Trade References**

Company

Company

Address

Address

City

St

Zip

Tel #

City

St

Zip

Tel#

Company

Company

Address

Address

City

St

Zip

Tel#

City

St

Zip

Tel#

I / We authorize you to verify the above given information and / or obtain additional information from our bank and/ or a credit reporting agency. I / We further agree that all the account balances will be paid in accordance with your company terms, NET 30 DAYS. All overdue balances will be subject to a 1-1/5% service charge. I/ We agree to pay all costs plus 33-1/3% attorneys fees and actual expenses of collection, in the event of default. (If the account is placed with an attorney or collection agency)

<u>Witness</u>	<u>Signed</u>	<u>Title</u>	<u>Date</u>
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<u>Witness</u>	<u>Signed</u> _	<u>Title</u>	<u>Date</u>
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<u>Witness</u>	<u>Signed</u>	<u>Title</u>	<u>Date</u>
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(Note: If a partnership, all partners must sign. If a corporation, an authorized officer must sign)