

# MID SOUTH TOOL SUPPLY

Credit Application

P.O. Box 2929  
West Memphis, AR  
midsouthtool.com

\*\*\*\*Terms 1%10 net 30\*\*\*\*

800.735.4413 (P)  
888.DIE.SETS (P)  
800.735.4414 (F)

## General Information

Company Name:		Phone#:	
Billing Address:		Fax #:	
City:		Website Address:	
State & Zip:		Years in Business:	
Shipping Address:		Type of Business:	
City:		Sole Proprietorship:	
State & Zip:		Partnership:	
County:		Corporation:	
Resale Certificate:	If yes, provide copy	Additional Location:	
SSN or FIN #:		Additional Location:	
Buyers Name:		Accounts Payable:	

## Ownership (Officers/Owners/Partners)

<b>Name:</b>		<b>Name:</b>	
Title:		Title:	
Phone#:		Phone #:	
Address:		Address:	
City:		City:	
State & Zip:		State & Zip:	

## Bank References (must be operating account)

Bank Name:		Bank Contact:	
Address:		Account #:	
City:		State & Zip:	
Phone # :		Years with Bank:	

## Trade References (minimum 1 year experience/2 references should be highest credit)

<b>Name:</b>		<b>Name:</b>	
Account #:		Account #:	
Address:		Address:	
City:	State: Zip:	City:	State: Zip:
<b>Phone:</b>	<b>Fax:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>Name:</b>		<b>Name:</b>	
Account #:		Account #:	
Address:		Address:	
City:	State: Zip:	City:	State: Zip:
<b>Phone:</b>	<b>Fax:</b>	<b>Phone:</b>	<b>Fax:</b>

## Additional Information (Authorized Employees, & Credit Line Information)

Authorized Employee:		Authorized Employee:	
Credit Line Desired:		Payment Guaranteed:	Yes
Terms (please initial):	<b>1% 10 Net 30</b>	Check one:	No

\*\*\*TERMS OF SALE MUST BE INITIALIZED AS STATED ABOVE\*\*\*

I UNDERSTAND THAT **MID SOUTH TOOL SUPPLY** WILL KEEP THIS APPLICATION WHETHER OR NOT THE APPLICATION IS APPROVED. IN SIGNING THIS DOCUMENT, I GIVE PERMISSION FOR THE ABOVE NAMED REFERENCE COMPANIES TO GIVE INFORMATION ABOUT MY ACCOUNT IF FOR RESALE-- COPY OF TAX PERMIT SHOULD ACCOMPANY APPLICATION

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_