1000 E. Butler Ave., Suite 102 Flagstaff, AZ 86001

Toll Free: 1-800-832-3993 Phone: (928) 779-4218 Fax: (928) 556-3048



CREDIT APPLICATION

CROSS TOOL & MFG., INC.

(Note: Failure to complete forms **IN FULL AND LEGIBLY** WILL RESULT IN A DELAY IN PROCESSING)

	BUS	INESS II	NFORM	ATION			
Business Name:			Phone:				
D.B.A.:			Fax:				
Address:			Shipping Address:				
City:			City:				
State: Zip:			State:	Zip:			
nitial Amount of Credit Ro	equested 1\$500	ĺ \$1000	ĺ \$2000	∫ Othe	er		
Fed. Tax I.D. #:			Resale Tax #:				
Please include a completed				cation if app	olicable.)		
Date Established:				Number of Employees:			
Type of Business:				_			
Principal (Printed Name, Title):				Please check one:			
Principal (Signature, Date):				□ Sole Owner □ Corporation			
Accounts Payable Contact:				- □ Partnership □ LLC			
	ВА	NK REF	ERENC	ES			
Account #: Typ			f Account:				
Bank:		□ Che	□ Checking		□ Loan		
Street:			□ Other				
City/State/Zip:		Phone:	Phone:		Fax:		
	TR	ADE RE	FERENC	CES			
Company Name:	Address:	Address :		City, State, Zip:		Phone and Fax #'s:	
						Phone:	
Contact:						Fax:	
						Phone	
Contact:						Fax:	
						Phone:	
Contact:						Fax:	

Terms: 2%10/Net 30. Applicant agrees to adhere to the "Terms and Conditions of Sale" and to pay any collection costs incurred to collect the amount balance, including reasonable attorney's fees.

The undersigned warrants that the information submitted is true and correct. Cross Tool & Manufacturing, Inc. is authorized to review the credit references listed.

