

Credit Profile Sheet

315 N Pierce St/ PO Box 4069 St Paul, MN 55104

Telephone (651) 647-3025 (800) 444-4899

Facsimile (651) 646-8610



Full Legal Business or Individual Name

Doing Business As

Billing Address

City/State/Zip

Shipping Address

City/State/County/Zip

E-mail Address

() ()

Telephone No.

Fax No.

Owner/President's Name

Social Security No.

Owner's Home Address

Type of Business: _____

Federal ID No. _____

Check one: Private Corp Partnership Individual

Publicly-Traded Corp Non-Profit Government

How long in business? _____

Current Ownership in Place Since _____

Purchasing Agent or Tool Buyer _____

PO Required? Yes No

Would you like online account access: Yes No

Contact name & number for online access: _____

Are your purchases exempt from sales tax? Yes No

Resale Tax Certificate – Attach Copies:

State# _____ City# _____

Accounts Payable Contact: _____

Would you like invoice sent via: Mail Email

Email address: _____

Estimated: \$ _____ \$ _____ \$ _____
Sales Receivables Desired Credit

Business References

Complete Name

Complete Address

Contact Name/Account Number

() _____

Telephone Number

() _____

Fax Number _____

Complete Name

Complete Address

Contact Name/Account Number

() _____

Telephone Number

() _____

Fax Number

Bank Reference

Financial Institution

Account Number

Complete Address

Contact Name/Account Number

() _____

Telephone Number

() _____

Fax Number

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age. The federal agency that administers compliance with this law is the Federal Trade Commission.

Credit Profile Sheet

Page 2

We warrant the information provided to be true. We grant permission to Total Tool Supply Incorporated to investigate applicable credit references, including commercial and consumer credit checks. We understand that credit information regarding our account may be provided to credit reporting agencies or upon our request as a reference. We agree to the terms of 1% ten days, **NET 30** required by Total Tool Supply Incorporated. In the event of default in payment, and if the same is placed in the hands of an attorney for collection, the undersigned agrees to pay all costs of collection, including a reasonable attorney's fee. The undersigned does hereby certify that the information contained above is true and correct. Agrees that any changes in ownership, officers, or form that that the business operates as, shall be made known to Total Tool Supply, Inc. This notice shall be in writing and mailed to the corporate offices of Total Tool Supply, Inc., PO Box 4069, St. Paul, MN 55104 certified U.S. Mail. We also understand and agree that Total Supply may, at its option, bring litigation in any court in the State of Minnesota, Ramsey County, and consent to personal jurisdiction in any such court.

X _____
Signature of Authorized Corporate Officer **Date**

X _____
Print Name **Title**

Personal Guarantee

As additional consideration for the extension of credit to _____
(Company or Individual Name)

the undersigned personally guarantees and agrees to pay, when due, and upon demand, full amount of any indebtedness owed to Total Tool Supply by _____ in connection with such sales.
(Company or Individual Name)

X _____
Signature of Individual Guarantor **Date**

X _____
Print Name

X _____
Witness **Date**

Applicant agrees to indemnify and hold harmless Total Tool Supply, In. ("Total Tool") and its vendor, employees and agents, from and all liabilities, claims or damages, including costs, expenses, and reasonable attorneys' fees, asserted against Total Tool or its vendors, employees and agents, in connection with the manufacture, sale, delivery, resale, rental, repair or use of any products furnished to Applicant by Total Tool and arising in whole or in part out of or by reason of: (i) the failure of Applicant or its agents, employees or customers to follow instructions, warnings or recommendations furnished by Total Tool or its vendors in connection with such product; (ii) the failure of Applicant or its agents, employees or customers to comply with all applicable federal, state and local laws applicable to such product, including the Occupational Safety and Health Act of 1970; or (iii) the negligence of Applicant or its agents, employees or customers.

FOR OFFICE USE ONLY	
Acct.#	_____
Credit Approved By:	_____
CR-Rating	_____
Credit Limit: \$	_____
Date Approved	_____
Salesman#	_____ BR. _____
P.C.	_____
Mail Codes	_____