

## CREDIT PROFILE

Full legal business or individual name \_\_\_\_\_

If individual, doing business as \_\_\_\_\_

Billing address \_\_\_\_\_

Billing City/State/County/Zip \_\_\_\_\_

Shipping address \_\_\_\_\_

Shipping City/State/Zip \_\_\_\_\_

E-mail address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Owner/president's name \_\_\_\_\_ Social security # \_\_\_\_\_

Owner's home address \_\_\_\_\_

Owner City/State/Zip \_\_\_\_\_

Type of business \_\_\_\_\_

Federal ID # \_\_\_\_\_ Dun & Bradstreet # \_\_\_\_\_

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 \_\_\_\_\_

P.O. required  Yes  No

Purchases exempt from sales tax  Yes  No (If yes, must attach copy of Resale Tax Certificate)

Accounts payable contact \_\_\_\_\_

Would like invoices sent via  Mail  E-mail

E-mail address \_\_\_\_\_

|                 |                       |                |
|-----------------|-----------------------|----------------|
| \$ _____        | \$ _____              | \$ _____       |
| Estimated Sales | Estimated Receivables | Desired Credit |

## BUSINESS REFERENCES

Business reference #1 \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Contact name \_\_\_\_\_ Your account number \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Business reference #2 \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Your account number \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

## BANK REFERENCE

Financial institution \_\_\_\_\_

Your account number \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Your account number \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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.

## SIGNATURES

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 Total Tool Supply Incorporated's required terms of 1% ten days, NET 30 if paying account by check or ACH payment. Payments on account cannot be made by credit card. We only accept credit card payments if made at time of purchase and no discount is allowed with credit card payments. 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

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## 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 the company or individual named below in connection with such sales.

\_\_\_\_\_  
Company or individual name

X \_\_\_\_\_  
Signature of individual guarantor

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Applicant agrees to indemnify and hold harmless Total Tool Supply, Inc. ("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.

### THANK YOU FOR COMPLETING TOTAL TOOL'S CREDIT APPLICATION

- Once all fields are completed, please submit the pdf form to ar@totaltool.com.
- Your credit application will be processed in the next 1-3 business days.
- After your credit application has been processed, an email confirmation will be sent.

#### FOR OFFICE USE ONLY

Acct.# \_\_\_\_\_ Date Approved \_\_\_\_\_

Credit Approved By: \_\_\_\_\_ Salesman# \_\_\_\_\_ BR. \_\_\_\_\_

CR-Rating \_\_\_\_\_ P.C. \_\_\_\_\_

Credit Limit: \$ \_\_\_\_\_ Mail Codes \_\_\_\_\_