



Accounting Department: (925) 454-6430  
 Fax: (925) 454-6485  
 email: Credit@westtool.com

**Credit Application:**

Cod or Credit Card:  Open Account:  Desired Credit Limit: \_\_\_\_\_

Name of Business:		Phone: _____
		Fax: _____
		Email: _____
Billing Address:	City: _____	
	State: _____	Zip: _____
Shipping Address:	City: _____	
	State: _____	Zip: _____
<b>If you have multiple shipping addresses please attach a list</b>		
Name of Owner:		Name of Accounts Payable: email: _____
Year Started:	Kind of Business:	Gross Annual Sales: _____
		FED ID#: _____
Business Type:	Sole Ownership: <input type="checkbox"/>	Partnership: <input type="checkbox"/> Corporation: <input type="checkbox"/>

**Trade References:**

	Do not use suppliers of raw materials or shipping	Phone and Fax Required
Name: _____	Address: _____	Phone: _____ Fax: _____
Name: _____	Address: _____	Phone: _____ Fax: _____
Name: _____	Address: _____	Phone: _____ Fax: _____

Internal Use Only	
Date:	_____
Account #	_____
Sales Rep #:	_____
Sales Rep Name:	_____
Terms:	_____
Credit Limit	_____
Delivery Route	_____
Tax Code	_____

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. I hereby authorize the references listed on the credit application to release necessary information to the company for which credit is being applied in order to verify the information contained herein. I also authorize Western Tool & Supply access to my credit report as provided by a credit reporting agency.

Customer Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Have you ever had an account with us under a different Business Name? \_\_\_\_\_

If so, what was that Business Name: \_\_\_\_\_



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I, \_\_\_\_\_, authorize Western Tool & Supply to store my credit card on file. I authorize Western Tool & Supply to accept telephone orders from our business. I authorize the credit card on file to be charged the total cost of the order including applicable freight and State Sales Tax. This authorization will remain in effect until canceled in writing.

Customer Signature: \_\_\_\_\_

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Cut here

Name as it appears on credit card:	
Credit Card #	
Expiration Date:	
Billing Address:	