US TOOL SYSTEM.LLC
18703 CLAY RAOD # 400,TX,77084
346-546-1799

Confidential Credit Application Form

Legal Business Name: _____

Address: _____

City: _____ State: ____ Zip: _____

E-mail: _____ Telephone: _____

Fax: _____ DBA_____

SHIPPING ADDRESS (if different from the above company address, NO PO BOX)

_____

Legal Structure: _____ Number of Years in Business: _____

Type of Business: _____ FEIN: _____

Please attach “Sales and Use Tax Resale Certificate” for Nontaxable

Bank References

Bank Name: _____ Contact name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____

Account Number: _____

Credit References

1.

Legal Business Name: _____

Address: _____

City: _____ State: ____ Zip: _____

E-mail: _____ Telephone: _____

Fax: _____ DBA_____

2.

Legal Business Name: _____

Address: _____

City: _____ State: ____ Zip: _____

E-mail: _____ Telephone: _____

Fax: _____ DBA_____

Signature _____