



**FORD**  
TOOL STEELS, INC.  
Experience • Service • Expertise

5051 Pattison Avenue • St. Louis, MO 63110  
314.772.3322 • 800.325.9093 • 314.772.1919 fax

## CREDIT APPLICATION FOR A BUSINESS ACCOUNT

### BUSINESS CONTACT INFORMATION

Company Name:			
Billing Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Shipping Address:			
City:	State:	ZIP Code:	
Years in Business:	Federal ID Number:		
Sole Proprietorship:	Partnership:	Corporation:	Other:
Tax Exempt? If YES, please include a Sales Tax Exemption Certificate with application			

### BANK INFORMATION

Bank Name:		
Bank Address:	Phone:	
City:	State:	ZIP Code:
Bank Officer:	Amount of Credit Requested:	

### OWNERS & OFFICERS

Name:	Title:	E-mail:
Name:	Title:	E-mail:
Name:	Title:	E-mail:
Name:	Title:	E-mail:

### BUSINESS/TRADE REFERENCES

<b>Company Name:</b>		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
<b>Company Name:</b>		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
<b>Company Name:</b>		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:

### AGREEMENT

In the event our account is not paid according to the terms set forth in the invoice or statement, we agree to pay a SERVICE CHARGE OR FINANCE CHARGE of 1½% per month on the unpaid balance during the term of delinquency. If the account becomes more than 60 days delinquent and is placed in the hands of a collector or an attorney for collection or suit, we agree to pay reasonable collection and/or attorney fees.

The party or parties signing this application certify that the name of the business is correct, that the business is not insolvent and that if the business is a corporation, it is in good standing.

By submitting this application, you authorize Ford Tool Steels, Inc. to make inquiries into the banking and business/trade references that you have supplied.

### SIGNATURES

_____	_____	_____	_____
Signature of Officer	Date	Signature of Officer	Date