

VOTAW TOOL COMPANY

1551 N. National Ave. Springfield, MO 65803 U.S.A. Ph. 417-865-7509 Fax 417-862-7165

CONFIDENTIAL CREDIT APPLICATION

PLEASE FAX COMPLETED APPLICATION TO 417-862-7165 OR MAIL TO ABOVE ADDRESS.
TO HELP FACILITATE PROCESSING, PLEASE PROVIDE FAX #'S FOR BANK & TRADE REFERENCES.

Company Name _____

Street Address _____ City _____

State _____ Zip _____ Phone (_____) _____ Fax (_____) _____

Number of years in business _____ Type of Business: Proprietorship Partnership Corporation

If proprietorship or partnership Social Security # of owner(s) _____

PRINCIPAL OWNERS OR STOCKHOLDERS:

	NAME	ADDRESS	PHONE
1)	_____	_____	_____
2)	_____	_____	_____

Name and phone # of person in charge of accounts payable: _____

BANK REFERENCE

Bank Name _____ City / State _____

Contact person _____ Checking Account # _____

Phone (_____) _____ Fax (_____) _____

TRADE REFERENCES

1) Name _____ Phone (_____) _____

City / State _____ Account # _____ Fax (_____) _____

2) Name _____ Phone (_____) _____

City / State _____ Account # _____ Fax (_____) _____

3) Name _____ Phone (_____) _____

City / State _____ Account # _____ Fax (_____) _____

I/we authorize Votaw Tool Company to obtain such factual information regarding my credit rating, permitted by law, for this Credit Application or for future Credit Applications, and to retain this data on file.

The undersigned further agrees, should credit be extended to my company, or myself individually, payments will be made in accordance with the terms set forth on invoices and shall be due to Votaw Tool Company. Past due accounts, **over 30 days from invoice date**, are subject to interest charges of 12.5% per month (18% per annum). Should the service of any agency or attorney be necessary to collect amounts outstanding, I/we agree to pay all costs of such collection including reasonable attorney fee.

Signed _____ Title _____ Date _____