



APPLICATION FOR CREDIT

Please fill out all information on application. A customer credit line sheet will be accepted as long as missing information is entered on this form. Signatures on page 3 are required for open credit terms.

For Vendor Use Only:

Application Date: _____

Terms Granted: _____

Credit Limit: \$ _____

COMPANY INFORMATION

Full Legal Name _____	Phone# _____
DBA (if different) _____	Fax# _____
Address _____	Email _____
City _____ State _____	Zip Code _____
Website _____	
Accounts Payable Contact _____	Phone# _____
Email Address _____	Email Invoices? Yes / No
Type of Company: ___ Corporation ___ Partnership ___ Limited Liability Company	
___ Sole Proprietor ___ Other (specify) _____	
Federal Tax ID# or Social Security Number _____	How long in business? _____
State where incorporated _____ D&B _____	Number of employees _____
Taxable? Yes / No Note: If Tax Exempt please attach Exemption Certificate with signed application or we must charge sales tax where applicable**	



BANK REFERENCES

Name of Bank: _____	Address _____ _____
Contact Name: _____	Phone # _____
Account# _____	Type of Account: _____

TRADE REFERENCES

Company Name	Account#	Fax# / Email

- (1) Has the company or any officer, partner, member, or owner ever filed for bankruptcy? **Yes / No**
(If yes attach detail)
- (2) Has your company or any company that any officer, partner, member or owner been associated with as an officer, partner, member, or owner ever had credit with us before? **Yes / No**
(If yes under what name: _____)



TERMS OF AGREEMENT

Signature Required

By signing below, I certify that I have the authority to bind the company to this agreement, and that I agree to **USA Fastener Group, Inc's** terms of sale of **Net 30 Days**, I also agree and accept that the credit limit and credit terms maybe changed or withdrawn at the sole discretion of the creditor.

The information given herein is offered as part of a request by the applicant for an extension of credit for commercial business use. The Applicant authorizes **USA Fastener Group, Inc.** to investigate all credit references and other sources pertaining to our credit and financial responsibility. The undersigned authorizes its banks and trade creditors to provide **USA Fastener Group, Inc.** with complete information for the purpose of credit evaluation. Should it be necessary to assign the account balance to a licensed collection agency or attorney for legal action, all subsequent collection charges and legal fees shall be paid by the applicant.

Authorized applicant:

Signature: _____

Title: _____

Print Name: _____

Date: _____

PERSONAL GUARANTEE

Signature Required

In consideration of any credit extended, the undersigned will personally guarantee full and prompt payment of all indebtedness of _____ owed to USA Fastener Group, Inc.

(Customer business name)

This personal guarantee shall remain in force until its revocation is received by certified mail to the address and attention of 1300 Gazin Street Houston, TX. 77020, Accounts Receivable, USA Fastener Group, Inc.

Revocation shall not affect indebtedness incurred prior to receipt of written notice.

Individual Signature: _____

Print Name: _____

Social Security Number: _____

Date: _____