

CREDIT APPLICATION

DATE_____ TELEPHONE_____ FAX_____

COMPANY NAME_____

OWNER OR PRESIDENT_____

ADDRESS_____

CITY STATE ZIP

BUSINESS ORGANIZATION: CORP.____ LLC.____ PARTNERSHIP.____ ORGANIZATION.____

IF CORPORATION: FEDERAL I.D.#_____ STATE INC. _____

IF INDIVIDUAL: SOCIAL SECURITY#_____

NUMBER OF YEARS IN BUSINESS_____

ACCOUNTS PAYABLE MGR:_____ PURCHASING AGENT:_____

SALES TAX STATUS: EXEMPT_____ TAXABLE_____ DIRECT PAY_____

IF YOU HAVE CHECKED EXEMPT, PLEASE INCLUDE A VALID EXEMPTION FORM.

CREDIT REFERENCES

BANK_____ ACCOUNT#_____ PHONE_____

STREET ADDRESS CITY STATE ZIP

1. _____

BUSINESS COMPLETE ADDRESS PHONE&FAX

2. _____

BUSINESS COMPLETE ADDRESS PHONE&FAX

3. _____

BUSINESS COMPLETE ADDRESS PHONE&FAX

4. _____

BUSINESS COMPLETE ADDRESS PHONE&FAX

OUR TERMS: REGULAR: NET 30 DAYS RESALE: NET 10 DAYS

PLEASE CONTINUE NEXT PAGE

*****FAILURE TO COMPLETE ALL INFORMATION WILL DELAY PROCESSING OF ACCOUNT*****



CORPORATION: WE CERTIFY THAT ALL INFORMATION IS CORRECT. WE FULLY UNDERSTAND YOUR TERMS AND AGREE TO THE PROPER PAYMENT IN CONSIDERATION OF EXTENDED CREDIT AND THAT IF THE CHARGES REQUIRE OUTSIDE AGENTS TO COLLECT ANY DEFAULT AMOUNT THEN ALL REASONABLE COLLECTION FEES, FINANCE CHARGES, ATTORNEY FEES AND COURT COST WILL BE MY/OUR OBLIGATION AS WELL AS ALL PRINCIPAL AMOUNT DUE. A 1 ½ SERVICE CHARGE PER MONTH WILL BE CHARGED ON ALL PAST DUE ACCOUNTS. MINIMUM BILLING CHARGE IS \$25.00 (\$35.00 FOR RESALE ACCOUNTS.)

DATE _____

SIGNED _____

TITLE _____

PERSONAL GUARANTEE: THE UNDERSIGNED UNDERSTANDS AND AGREES THE HE OR SHE WILL BE PERSONALLY LIABLE FOR ALL DEBTS ON THIS ACCOUNT.

DATE _____

SIGNED _____

TITLE _____

HOW DID YOU HEAR ABOUT SPARTAN TOOL SUPPLY? _____

UPON APPROVAL, DO YOU WISH TO RECEIVE A MONTHLY STATEMENT? _____

FOR OFFICE USE ONLY

CREDIT APPROVED _____

CREDIT DENIED _____

CREDIT LIMIT _____

DATE _____

SALESMAN _____

APPROVAL LETTER/CALL DATE _____

ASSIGNED ACCT# _____



To Whom It May Concern,

You are hereby given my permission to release the information regarding my account(s) to Spartan Tool Co., Inc. Located at 1660 Alum Creek Drive, Columbus, Ohio 43209.

Customers Signature _____

Company Name _____

Address _____

Account # _____



Sales and Use Tax Blanket Exemption Certificate

The purchaser hereby claims exception or exemption on all purchases of tangible personal property and selected services made under this certificate from:

(Vendor's name)

and certifies that the claim is based upon the purchaser's proposed use of the items or services, the activity of the purchase, or both, as shown hereon:

Purchaser must state a valid reason for claiming exception or exemption.

Purchaser's name

Purchaser's type of business

Street address

City, state, ZIP code

Signature

Title

Date signed

Vendor's license number, if any

Vendors of motor vehicles, titled watercraft and titled outboard motors may use this certificate to purchase these items under the "resale" exception. Otherwise, purchaser must comply with either rule 5703-9-10 or 5703-9-25 of the Administrative Code. This certificate cannot be used by construction contractors to purchase material for incorporation into real property under an exempt construction contract. Construction contractors must comply with rule 5703-9-14 of the Administrative Code.