

# INTERNATIONAL FASTENERS, INC.

"THE DISTRIBUTOR'S CHOICE"

## CREDIT APPLICATION

Legal name of business: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_  
Shipping Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
E-mail address: \_\_\_\_\_ Website: \_\_\_\_\_  
Type of Business:  Corporation Date: \_\_\_\_\_  Proprietorship  Partnership  
Company Officers: \_\_\_\_\_ Partners: \_\_\_\_\_  
Are you listed with a Credit Reporting Agency? \_\_\_\_\_ Rating: \_\_\_\_\_  
Sales are primarily to: \_\_\_\_\_  
What are your general terms of sale between:  
You and your customer: \_\_\_\_\_ You and your suppliers: \_\_\_\_\_  
Name of person to contact for further credit information: \_\_\_\_\_  
Name of Accounts Payable contact: \_\_\_\_\_ Ext# \_\_\_\_\_  
Anticipated monthly purchases: \_\_\_\_\_

### Bank Information:

Name of bank: \_\_\_\_\_ Account# \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Contact/Account officer: \_\_\_\_\_ Phone: \_\_\_\_\_

Trade Suppliers: **We require a minimum of three references. Please provide your credit account information sheet or use the attached form.**

**Your current year resale certificate information is also required for purchasing.**

I/we authorize you to investigate our credit history and the credit history of the owners, officers, and partners of this credit application. Invoices are issued with Net 30 day terms. Any open account will be placed on credit hold if not paid within the terms, and your account is subject to C.O.D. status. I/We agree to pay all collection costs, including attorney fees, and court costs in the event it is necessary to take legal action to collect past due accounts. I/We certify that all the information on this application is correct and that I/We fully understand your credit terms and agree to personally guarantee the proper payment in consideration of credit extended.

\_\_\_\_\_  
Signature Printed Name: Title Date

**Please return completed application, references, and resale certificate to:  
Kim Burns, Credit Manager Toll Free Fax#888 241 2096 Thank You.**

1341 Massaro Boulevard, Suite 100, Tampa, Florida 33619  
TELEPHONE: (813) 241-0203 • FAX: (813) 241-0406  
TOLL FREE: (888) 241-0203



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## Credit Account Information

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Resale Certificate Number: \_\_\_\_\_ \*

\*Current year copy is required- please attach copy.

## Trade References: (3 required)

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Acct # \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Acct # \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Acct.: \_\_\_\_\_

**Shipping instructions:** Please supply any special shipping information needed below:

\_\_\_\_\_

UPS collect no: \_\_\_\_\_ Truck Collect \_\_\_\_\_

Carrier

Prepaid and Prepay add: \_\_\_\_\_ are sent the best cheapest way our choice.

Please fax this form along with the credit application to: **888-241-2096**

Thank you for supplying the above information. Credit processing may take a few days.

Attn: Kim Burns

Office/Credit Manager

1341 Massaro Boulevard, Suite 100, Tampa, Florida 33619

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TOLL FREE: (888) 241-0203

