

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: _____
Buying Group Membership: _____

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. A copy of your current year resale certificate is also required for purchasing. Please attach a copy for our file.

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. I/We fully understand your credit terms and agree to the proper payment in consideration of credit extended.

Signature Printed Name: 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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