

CREDIT APPLICATION

This information is furnished for our confidential use only



We submit this information for the purpose of purchasing merchandise on credit. The undersigned confirms the accuracy and correctness of this information.

Name of Company			When Established			
Address			Business Phone			
City	State	Zip	Residence Phone			
Real Estate Owned			Driver's License			
City	State	Zip				
Address where Equipment is to be located		Are premises leased? <input type="checkbox"/>	Owned? <input type="checkbox"/>	Landlord's Name & Address		
Type of Business			Federal Tax #		Sales Tax Exempt / Resale #	
Annual Sales: \$		Number of Employees:		D&B Number:		
<input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	<input type="checkbox"/> Sole Proprietorship	President's Name		Vice President's Name		
HOME OFFICE LOCATION <input type="checkbox"/> Same as above <input type="checkbox"/> Other (Complete Address)						
Owner(s) Name		Title	Residence Address (Street, City, State, Zip)			Social Security
1.						
2.						
NAME OF BANK AND ADDRESS			Account Number		Phone Number	
Checking						
Saving						
Trade References Stores, jobbers, brokers, or manufacturers who have extended credit to you.	1. Name	Street and Number	City & State	Zip	Phone #	Fax #
	2. Name	Street and Number	City & State	Zip	Phone #	Fax #
	3. Name	Street and Number	City & State	Zip	Phone #	Fax #
Trade or Loan companies from whom you are borrowing or have borrowed.	1. Name	Branch	City & State	Zip	Phone #	Fax #
	2. Name	Branch	City & State	Zip	Phone #	Fax #
<p>By signing this application, I authorize (your company) or its agency to investigate my personal credit and financial records. As part of such investigation, I authorize (your company) to request and obtain consumer credit reports on me in connection with the opening, monitoring, renewal and extension of this and other accounts with (your company) to share the information received from my consumer credit report with (your company's) parent, subsidiaries and affiliates (and others if applicable). If I request, you will tell me whether my consumer credit report was requested and if so the name and address of the consumer credit agency that furnished the report.</p> <p>Any misrepresentation in this application will be considered evidence of a fraud, since this information is the basis of the granting of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. Your authorized to investigate the credit references listed</p>						
ANTICIPATED AMOUNT OF MONTHLY PURCHASES: \$ _____			DATE _____			
			SIGNED _____			
			PRINT _____			
			TITLE _____			

Questionnaire

1. How did you learn about us? _____
2. How many locations do you have that purchase fasteners? _____
3. Whom have you purchased fasteners from in the past? _____
4. Do you re-sale fasteners? Yes or No: _____

If yes: How do you sell your fasteners? Warehouse Distribution / Brick & Mortar Retail / Online / Mobile Service / Home Based (please circle all that apply)

Please remember to fax or email a copy of your resale certificate to 626-334-7218 or chris@grattanproducts.com

5. Are you a member of a co-op? Ace Hardware ___ DoltBest ___ TruValue ___ Orgill ___ Other _____

If yes, what is your co-op store Id number? _____

If yes, do you prefer to be billed through your co-op? Yes or No: _____

6. Are you a member of an industry trade group? If so which one(s): _____

7. What industries or trades are your customer's niche(s)? (please circle all that apply)

Aerospace / Automotive / Carpenter or Cabinet Manufacturer / City Bid Projects / Distributors / DIY End Users / General Construction / Electrical / Government

Agency Bid Projects / General Hardware / Home Builder (tract homes) / Home Builder (custom homes) / General Industrial Use / General Building Maintenance /

General Manufacturing / General Marine Use / Recreational Vehicle or Boat Manufacturing / Mobile Home Manufacturing

Other: _____

We send Invoices, Statements and other information related to your account by E-mail or Fax, please choose your preference below:

Invoices

Contact Name: _____

Contact Title: _____

E-mail Address: _____ Fax: _____

Statements

Contact Name: _____

Contact Title: _____

E-mail Address: _____ Fax: _____

Payment Reminders

Contact Name: _____

Contact Title: _____

E-mail Address: _____ Fax: _____

Order Confirmations / Order Tracking Details

Contact Name: _____

Contact Title: _____

E-mail Address: _____

Invoice Terms

2% - 10 day / net 30 from receipt of invoice on approved open line of credit. Invoices not paid in 30 days are subject to a 1 1/2% monthly service charge on the unpaid balance. These service charges are compounded monthly. Any invoices not paid in 60 days or over, COD terms may apply. Any account turned over for collection purchaser will be responsible for balance due plus collection and court fees. Additional terms and policies apply. Please see Grattan's 'Terms and Conditions' in our print catalog or request a copy for more information.

By signing the Application, I acknowledge that I have personally guaranteed the debts and obligations of my business and agree that I am personally obligated to perform all of the terms of and make all payments to (your Company) required by, the agreement of which this Application is a part.

SIGNED _____

SIGNED _____

Please Fax or Email To:

Attn: Chris Gohn

F: 626-334-7218

chris@grattanproducts.com

Grattan Fastening Products

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Azusa, CA 91702

P: 800-468-9513

F: 626-334-7218

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