



# North Coast Tool, Inc.

2705 West 17th Street • Erie, 16505 USA  
814-836-7685 • FAX 814-836-7691  
www.northcoasttoolinc.com

## Credit Application

### General Information

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County: \_\_\_\_\_

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

Description of Business: \_\_\_\_\_

Business Type:     Proprietorship     Partnership     Corporation

Date Incorporated: \_\_\_\_\_ Parent Company (if any): \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Number of Employees at this location: \_\_\_\_\_

Estimated Annual Revenue: \$ \_\_\_\_\_ Sales Tax Exempt No.: \_\_\_\_\_

*(If exempt, please attach FAX signed certificate.)*

### Ownership/Employee Contacts

Owners/Principals:

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

Title: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ SSN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

A/P Contact: \_\_\_\_\_ Sales Contact: \_\_\_\_\_

**Bank References:**

Name of Bank: \_\_\_\_\_ Account No.: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Account No.: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**Trade References:**

Name/Address: \_\_\_\_\_

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

Name/Address: \_\_\_\_\_

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

Name/Address: \_\_\_\_\_

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

Name/Address: \_\_\_\_\_

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

All statements on this Credit Application are true and accurate to the best of the applicant's knowledge. The applicant authorizes North Coast Tool, Inc. to make any and all inquiries necessary for action on this Credit Application. Terms are NET 30 days. Finance charges for past due invoices are 1.5% per month. Applicant agrees to pay any costs of collection, including attorney's fees, should the account be referred to a collection agency or attorney.

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
*(please print)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Must be signed by an owner/officer of the company.)*