Credit Application
Toll Free: 800-222-0324 | www.mutualscrew.com

Name:			
Address:			
City, State, Zip: _			
Telephone Number:		Fax Number:	
Federal ID#		or S.S.#	
<u>Banking Re</u>	ference; (Must	include account Number or Contact)	
Bank Name		Account Number	
Address		City, State, Zip	
Telephone	Contact	Type of Account	
<u>Tra</u>	de References	(Must include phone number)	
Name:		City, State	
Account Number:		Telephone Number:	
Contact:		Fax Number:	
Name:		City, State	
Account Number:		Telephone Number:	
Contact:		Fax Number:	
Name:		City, State	
Account Number:		Telephone Number:	
Contact:		Fax Number:	
List persons an	d titles authori	zed by your company to make purchases	
1.)		2.)	
Will a purchase order	be required? _		
Are you tax exempt?	If ves	attach certificate	

We hereby make application for credit to Mutual Screw & Supply hereafter referred to as Mutual Screw & Supply. If credit is granted, we agree to pay all bills within the stated terms of sale. We agree to pay a service charge of \$35.00 for any checks returned from our bank for any reason. Additionally we understand that a service charge may be assessed on any unpaid balance equal to the lesser of 18% per annum or the maximum rate allowed by law when an account becomes 30 days past due. Should legal action be taken to receive payments for merchandise and services received and rendered. You will be liable for all expenses, including reasonable attorney's fees incurred by Mutual Screw & Supply. We reserve the right to withdraw credit at any time without prior notice. All information furnished as a part of this application becomes the property of Mutual Screw & Supply.

We agree to observe Mutual Screw & Supply's standard terms and conditions as set forth on its invoices from time in effect, notwithstanding different or additional terms stated in our purchase order. We represent that we are financially capable of paying invoices as are due.

This information is given in confidence for the sole purpose of establishing credit with Mutual Screw & Screw. Authorization is hereby given to for inquiry of all trade and financial sources which are deemed necessary to properly evaluate this application.

BY:	DATE:
COROPORATE OFFICER / OWNER / PARTNER	<del></del>
AMOUNT OF CREDIT REQUESTED ? _	
guarantee all indebtedness of any kin Screw & Supply. I further agree that one, is a guarantee of payment and no indebtedness or any extension of creo extended need be given. The terms r	dit already or hereafter contracted by or may be rearranged, extended, and renewed uptcy nor any other similar proceeding of such
SIGNATURE	ADDRESS
PRINT NAME & TITLE	CITY, STATE, ZIP CODE
PHONE NUMBER	E-MAIL ADDRESS

Please fax form to 201-845-5781 or call us toll-free at 800-222-0324 if you have any questions.

Mutual Screw & Supply www.MutualScrew.com Tel: 800-222-0324

Tel: 800-222-0324 Tel: 201-845-5700 Fax: 201-845-5781

email: customerservice@mutualscrew.com