

**D&R Saw and Tool Inc,
CREDIT APPLICATION FOR A BUSINESS ACCOUNT**

BUSINESS AND CREDIT INFORMATION

Account # :		Salesman:	
Office use only		Office use only	
Company name:			
Phone:	Fax:	E-mail:	
Secondary Phone:			
Mailing address:			
City:	State:	Zip Code:	
Shipping Address:			
City:	State:	Zip Code:	
Date business commenced:			
Sole Proprietorship:	Partnership:	Corporation:	Other:
AP Contact:	Buyers:	Owners:	
Credit line Requested:			
P.O. Required: Yes[] No []			
Bank name:			
Bank address:		Phone:	
City:	State:	ZIP Code:	
Type of account	Account number		
Savings			
Checking			
Other			

BUSINESS/ TRADE REFERENCES			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
AGREEMENT			
<p>1. All invoices are to be paid 30 days from the date of the invoice.</p> <p>2. Upon approval of application you agree to all terms and conditions.</p> <p>3. By submitting this application, you authorize D&R Saw and Tool Inc. to make inquiries into the banking and business/ trade references that you have supplied.</p> <p>4. It is D&R Saw and Tool, Inc discrepancy to turn account over to collections if unpaid invoices remain outstanding. We are not responsible for any fees the collection agency charges. You will be held liable.</p>			
SIGNATURES			
Title: Date:		Title: Date:	