

New Hampshire Tool and Supply Div of Air Nail, LLC
291 So Broadway, Salem, NH 03079
Remit to: PO Box 280154, East Hartford, CT 06128-0154

Phone: 603-898-6646
Fax: 603-898-1085

CREDIT APPLICATION

DEAR CUSTOMER,

In order to establish a charge account for you, we require the following credit information. Please be sure to fill out the application completely. Incomplete applications will delay the processing of credit.

Acct Name: _____ Phone: _____
Address: _____ Fax: _____
City: _____ Type of Business: _____
State & Zip: _____ Years in Business: _____
State Incorporated: _____

For Corporations () or Partnerships ()

Name: _____
Address: _____
City: _____
State & Zip: _____
Phone: _____

For Individuals

Name: _____ Soc. Sec/Fed I.D.# _____
Address: _____ Driver License# _____
City: _____ Phone: _____
State & Zip: _____

BANK REFERENCES

Bank Name: _____ Acct# _____
Address: _____ Phone: _____
City, State & Zip _____ Contact: _____

TRADE REFERENCES

Co. Name _____ State: _____ Phone: _____ Fax: _____
Co. Name _____ State: _____ Phone: _____ Fax: _____
Co. Name _____ State: _____ Phone: _____ Fax: _____

Terms and conditions of Sale:

- 1) 1% 10 net 30
- 2) All merchandise returns must have a return authorization number
- 3) Unpaid invoices past terms are subject to finance charges and delivery may be affected.
- 4) Accounts are put into collections at 90 days. Should collection be necessary, I hereby agree to pay all collection fees.
- 5) Invoices will be electronically faxed and treated as original documents.

I hereby certify that the above information is true & correct to the best of my understanding.

Name and Title (Print) _____
Signature _____ Date: _____

Must be signed by officer, owner or authorized agent

Authorization to release bank record (Signature) _____