



HOME OF THE TOOL SPECIALISTS

6537 Southern Boulevard • Suite 4 • West Palm Beach, FL 33413
Local: (561) 689-8349 • Toll Free: (800) 851-4211 • Fax: (561) 689-9252

APPLICATION FOR CREDIT

To secure credit from Tool Wizards, LLC dba Tools-n-More herein called Selling Agent, the undersigned Applicant make the following representations and agrees:

COMPANY INFORMATION & PROFILE

Who may we thank for referring you to Tools-n-More?

Date:

Amount of Credit Desired: \$

Legal Name of Company:

DBA/Trade Name:

Address:

City:

State:

Zip:

Telephone:

Fax:

Federal Tax ID #:

Tax Resale #:

Type of Ownership

Corporation

Partnership

Individual

(Please Circle One)

If DBA, County where recorded:

Type of Business:

Your Building is?

Owned

Rented

Leased

(Please Circle One)

How long at this address:

Date Started:

of Employees:

Estimated Annual Sales:\$

Former Business:

DO YOU REQUIRE PURCHASE

YES

NO

ORDERS? (Please Circle One)

Accounting #:

Contact:

Fax:

KEY COMPANY OWNERS/OFFICE INFORMATION

Name:

Position:

Social Security #:

Date of Birth:

Home Address:

Phone:

Name:

Position:

Social Security #:

Date of Birth:

Home Address:

Phone:

BANK & LIENHOLDER INFORMATION

Bank Name:

Bank Officer's Name:

Address (City, State, Zip):

Phone:

Account #:

Mortgage Company/Landlord:

Contact:

Address (City, State, Zip):

Phone:

Contact:

TRADE REFERENCES

Name:

Contact Name:

Address (City, State, Zip):

Phone:

Fax:

Name:

Contact Name:

Address (City, State, Zip):

Phone:

Fax:

Name:

Contact Name:

Address (City, State, Zip):

Phone:

Fax:

APPLICATIONS FOR CREDIT WILL NOT BE ACCEPTED FOR PROCESSING UNLESS COMPLETED ENTIRELY AND SIGNED ON BACK BY AN AUTHORIZED GUARANTOR.

TERMS & CONDITIONS

REMITTANCES: All payments should be mailed to the Main Office in West Palm Beach at the address shown on the front of this application.

TERMS OF SALE: Net 10th prox. Payable in FULL. Accounts not paid in full by the 15th of the month are subject to automatically being placed on a COD pre-paid basis until past due amount(s) and fees are paid in full.

ALL DISCREPENCIES AND/OR SHORTAGES MUST BE REPORTED TO THE STORE MANAGER WITHIN 24 HOURS OF DELIVERY. Requests for missing invoices will be made within (7) days of Statement Date.

ALL RETURNS OR CLAIMS will be made as follows. To the selling store manager in the form of a written Return Goods Authorization Form from TNM with a copy of the original invoice, showing invoice date, number and reason for return. All returns are subject to a 15% restocking charge at the discretion of the selling agent. All returns must be in the original package and be suitable for resale.

DELIVERY: Delivery of the goods by the company to the carrier at the shipping point shall constitute delivery to the buyers. Title to the goods remains with the selling agent until the buyer has fully paid for the goods, and the buyers account is in good standing. Buyer shall do whatever is necessary to protect and preserve the goods in his possession at all times.

PAST DUE ACCOUNTS: If an account is past due, I/WE agree to pay one and one-half percent (1.5%) interest surcharge per month on the total amount past due until the debt is satisfied. The undersigned purchaser agrees to pay in the event the account becomes delinquent and is turned over to an attorney or collection agent, all reasonable professional fees, plus attendant collection expenses, incurred by seller in protecting or enforcing its rights. In the event a suit is brought to enforce the terms of this agreement, the parties agree that venue of such actions shall lie in Palm Beach County, Florida.

CREDIT LIMIT: May, at the discretion of the selling agent, be increased or decreased from time to time and is not limited to the amount shown on the front of this application. I/WE hereby agree to pay selling company the prompt and unconditional payment on the obligation now existing which we have already incurred and for all future purchases.

RETURNED CHECKS: If a check is returned by the bank for any reason, I/WE agree to pay \$25.00 per each occurrence to selling company for handling. I/WE also agree to pay all collection fees, attorney fees, court costs, and filing fees incurred as the result of collection the check or draft.

CREDIT INVESTIGATION AUTHORIZATION: In making this application for credit, I/WE authorize you to investigate the references, statements, or other data listed accompanying this application. The undersigned authorizes all parties contacted to release credit and financial information, and a copy or fax copy is valid as an original.

CHANGE OF OWNERSHIP NOTIFICATION: The undersigned agrees to notify selling agent by certified mail of any changes in ownership and further agrees to be liable for all purchases should the undersigned fail to comply with said notification.

Applicant signature attests financial responsibility, ability, and willingness to pay obligations and invoices in accordance with the above stated terms. Applicant further agrees at the discretion of selling agent to sign any additional documents to effect security interest in merchandise sold to applicant. In consideration of seller extending credit to applicant at my/our request, I/WE hereby personally and unconditionally guarantee the payment of all of the obligations incurred by me/us from seller.

Company (Corporate Name): _____

By: _____ Date: _____

Print Name: _____ Position: _____

PLEASE IMPRINT CORPORATE SEAL ABOVE & MAIL ORIGINAL TO MAIN OFFICE AT
THE ADDRESS SHOWN ON THE FRONT, THANK YOU.

Please attach your current year's sales tax certificate (if applicable)

If we do not receive a resale or tax-exempt certificate, we are required by Florida law to charge and collect sales tax.

Please provide the information listed below in PART1 and return with your Application for Credit.

To Bank Credit Department:

I hereby authorize "The Bank" hereinafter named, to furnish to TOOL WIZARDS, LLC dbaTOOLS-N-MORE the information requested below concerning our account(s).

PART 1

Bank Name:

Account #:

Bank Address:

Name:

Customer Signature:

Date:

PART 2

TO BE COMPLETED BY BANK:

Date Account Opened:

Is the account satisfactory?

Deposit Activity:

Average Balance \$

Present Balance \$

Number of Times Overdrawn:

Year to Date:

Ever:

Number of Times Checks Returned Unpaid:

Year to Date:

Ever:

LOANS: Any outstanding?

Yes []

No []

Amount of Loan \$

Current Balance \$

Matures

Repayment Schedule: Met as agreed?

Yes []

No []

Line of Credit Available?

Yes []

No []

Amount \$

Comments:

Date:

Verified By:

When complete, please FAX - Attention: Accounting Department at

(561) 689-9252

Or Mail To:

Tools-n-More
Accounting Department
6537 Southern Boulevard • Suite 4
West Palm Beach, FL 33413

Phone: (561) 615-7414 or (800) 851-4211