



Ph 248.438.4401 Fax 248.669.9413

PO Box 930259 31111 Wixom Road Wixom, Michigan 48393

www.ktoolinternational.com



K-Tool International is a division of K-Tool Corporation

APPLICATION FOR CREDIT

NAME OF BUSINESS:

MAILING ADDRESS:

CITY STATE ZIP

SHIPPING ADDRESS:

CITY STATE ZIP

PHONE:

FAX:

EMAIL:

RE SALE TAX #:

FEDERAL ID:

SOCIAL SECURITY #:

A/P CONTACT:

BUYER CONTACT:

COMMERCIAL OR RESIDENTIAL:

TYPE OF BUSINESS:

(EX. CORPORATION, PARTNERSHIP, INDIVIDUAL/SOLE PROPRIETOR, OTHER)

YEARS IN BUSINESS:

ARE PO'S REQUIRED?:

ARE PO'S REQUIRED?:

EMAIL:

EMAIL:

PRINCIPAL OWNER / OFFICER INFORMATION

NAME:

HOME ADDRESS:

CITY STATE ZIP

HOME PHONE

FAX

NAME:

HOME ADDRESS:

CITY STATE ZIP

HOME PHONE

FAX

BUSINESS REFERENCES

REFERENCE #1 NAME / ADDRESS:

CITY STATE ZIP

REFERENCE #2 NAME / ADDRESS:

CITY STATE ZIP

PHONE:

FAX:

PHONE:

FAX:

REFERENCE #3 NAME / ADDRESS:

CITY STATE ZIP

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PHONE:

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FAX:

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BANK REFERENCE NAME / ADDRESS:

CITY STATE ZIP

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PHONE:

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FAX:

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If credit is extended I/We agree to pay all debts incurred within the terms of sale. However, should a debt become past due I/we expressly agree (subject to statutory regulations) to pay finance charges on the past due amounts at the rate of 1% per month (12% annual rate); provided that no provision of this agreement requires or permits te collection of finance charges in excess of the maximum amount permitted by law. I/we further expressly agree to pay reasonable collection costs and/or attorney's fees incurred in connection with the collection of this account.

This form must be signed by an officer or principal in order to be processed.

SIGNED BY:

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DATE:

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PRINTED NAME:

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TITLE:

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SALES AGENT:

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Return completed forms via fax to 248-669-9413



PO Box 930259 31111 Wixom Road
Wixom, Michigan 48393

Phone: 248-438-4401
Fax: 248-669-9413

Salesman: _____

UNIFORM SALES & USE TAX CERTIFICATE – MULTIJURISDICTION

The below-listed states have indicated that this form of certificate is acceptable. The issuer and the recipient have the responsibility of determining the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: **K-Tool International**
31111 Wixom Road
Wixom, MI 48393

Phone: **248-438-4401**
Fax: **248-669-9413**

I certify that:
Name of Firm: _____
Address: _____

is engaged as a registered:
Wholesaler _____
Retailer _____
Manufacturer _____
Seller (California) _____
Lessor _____
Other (specify) _____

And is registered with the below listed states and cities which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product or service to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following

Description of business: _____

General description of tangible property or taxable services to be purchased from the seller: _____

State	State Registration, Seller's Permit Or ID number of purchaser
AL	_____
AR	_____
AZ	_____
CA	_____
CO	_____
CT	_____
DC	_____
FL	_____
GA	_____
HI	_____
ID	_____
IL	_____
IA	_____
KS	_____
KY	_____
ME	_____
MD	_____
MI	_____
MN	_____
OTHER	_____

(LIST STATE AND NUMBER)

State	State Registration, Seller's Permit or ID number or purchaser
MO	_____
NE	_____
NV	_____
NJ	_____
NM	_____
NC	_____
ND	_____
OH	_____
OK	_____
PA	_____
RI	_____
SC	_____
SD	_____
TN	_____
TX	_____
UT	_____
VT	_____
WA	_____
WI	_____
OTHER	_____

(LIST STATE AND NUMBER)

I further certify that if any property or service so purchased tax free is used or consumed by the firm as to make it subject to a sales or use tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be a part of each order which we may hereafter give to you, unless otherwise specified and shall be valid until canceled by us in writing or revoked by the city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter. This certificate must be signed by owner, partner or corporate officer:

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____



ACCOUNT PROFILE

Please return via fax at 248-669-9413

Account Number

Store Number

Company Name

Tax ID

Billing Information

Address

City

State

 Zip

Phone

Fax

Shipping Information

Address

City

State

 Zip

Phone

Fax

Check One

Yes

Yes

Commercial

Mandatory PO Required

Automatic Back Order

Residential

For deliverables, please select one individual and the preferred delivery method. If faxing, the billing fax number will be used unless otherwise specified.

		Invoice & Statements			Sales Bulletins		
OWNER / BUYER		Email	Fax	Mail	Email	Fax	Mail
Name	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fax #	<input type="text"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Ext. #	<input type="text"/>	<input type="checkbox"/>			<input type="checkbox"/>		
ACCOUNTS PAYABLE		Email	Fax	Mail	Email	Fax	Mail
Name	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fax #	<input type="text"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Ext. #	<input type="text"/>	<input type="checkbox"/>			<input type="checkbox"/>		
SALES MANAGER		Email	Fax	Mail	Email	Fax	Mail
Name	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fax #	<input type="text"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Ext. #	<input type="text"/>	<input type="checkbox"/>			<input type="checkbox"/>		

I hereby authorize K-Tool International and/or its divisions or affiliates to send communications to me via email and/or fax.

Signed

Title

Date

<input type="text"/>
<input type="text"/>
<input type="text"/>