



www.baileytools.com

CREDIT APPLICATION

POBox 17526
Louisville, KY 40217
(502) 635-6348
(502) 635-6470 Fax

PRIMARY INFORMATION

Applicant's Business Name		Phone	Fax
Billing Address		City, State	Zip
Ship To Address		City, State	Zip
Type of Business	Accounts Payable Contact Email Address	Statement Required YES _____ NO _____ PO Number Required YES _____ NO _____	Do You prefer your Invoices: Faxed ___ E-Mailed ___ Mailed ___
Date Business Started	Tax Exempt Y N	Partnership _____	Corporation _____ State of Corp. _____
County	If Yes enclose signed certificate	Sole Owner _____	Fed. ID #

PRINCIPALS INFORMATION Required to Process Application

Principal's Name		Principal's Name	
Title	S/S#	Title	S/S#

CREDIT REFERENCES Please List Three (3)

1. Name	Phone	2. Name	Phone
Address	Fax	Address	Fax
City / State	Zip code	City / State	Zip code
3. Name	Phone	Bank	Branch
Address	Fax	Address	Phone #
City / State	Zip code	City / State	Zip code

Applicant hereby authorizes above references to release all information relative to our credit arrangements to Bailey Tools & Supply Inc., 1338 S. Shelby Street, Louisville, KY 40217

TERMS & CONDITIONS Must be Signed & Dated for application to be accepted

The above information is for the purpose of obtaining commercial credit only and is warranted to be true. I/we hereby authorize Bailey Tools & Supply to investigate all references and customary credit information sources regarding my/our credit & financial responsibility. All goods invoiced to Applicant by Bailey Tools shall be sold in reliance upon the information contained on this Document. Application attests to financial responsibility, ability and willingness to pay the invoices in accordance with the Company's terms and conditions of Net 30 days From Date of Invoice, 1 ½% per month service charge on past due balances.

I/We Sign this credit application on behalf of applicant, and as an individual(s) personally guarantee payment of all present and future indebtedness including any collection cost incurred by Bailey Tools & Supply Inc.

1 st Officer PRINT		2 nd Officer PRINT	
Date	SIGNATURE	Date	SIGNATURE

OFFICE USE ONLY

APPROVED BY:	APPROVAL DATE	CREDIT LIMIT	SALESMAN	CUSTOMER NUMBER
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