



# CREDIT APPLICATION FOR A BUSINESS ACCOUNT

Complete and return to Ashleigh Brewer:

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BUSINESS CONTACT INFORMATION			
Company name:			
Phone:	Fax:	E-mail:	
Company address:			
City:	State:	ZIP Code:	
Date business established:			
Billing Contact:	Email:	Phone:	
Statement Contact:	Email:	Phone:	
Your Superior Tool Sales Rep:			
BANK INFORMATION			
Bank name:			
Bank address:		Phone:	
City:	State:	ZIP Code:	
Account type:	Bank officer name:		
BUSINESS/TRADE REFERENCES			
<b>Company name:</b>			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
<b>Company name:</b>			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
<b>Company name:</b>			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
AGREEMENT			
1. All invoices are to be paid 30 days from the date of the invoice.			
2. <b>If your company is tax exempt we must have an exemption form on file or you will be charged sales tax.</b>			
3. By submitting this application, you authorize Midland Tool & Supply Co., Inc. to make inquiries into the banking and business/trade references that you have supplied.			
SIGNATURE OF APPLICANT			
Sign:		Date:	
Title:			