New Customer Sales, Banking & Credit Information

Corporate Name:			
Trade Name:			
Address:			
City:	State:	Zip:	Country:
Telephone:		Cell:	
Fax:		Email address:	
Principle Name:		D&B#:	
Type of Organization (C/S co	rp; Partnership; Sol	e Proprietor):	
Number of years in business:		Number of locat	ions:
City for those locations:			
Territory covered by your bus	siness:		
AP Contact:		Email address:	
Banking information: Please	e provide your Ref	erences in additio	on to these
questions.			
Name of Bank:			
Address:			
City:	State:	Zip:	
Phone:		Fax:	
Your contact at this location:			
Contact phone number:		Email address:	
The undersigned agrees the in	nformation is true an	nd correct, and auth	orizes their
Bank and References to release			
investigation.			
Signature:		Date:	
Print Name:		Title	

The above signed would authorize and provide a valid credit card for shipment of any potential orders during the credit investigation process.

Initial:

Submit to: Greg Lanzo, VP Sales KwikTool USA

10017 Yukon Ave S., Bloomington, MN 55438 952-903-9358 PH 952-903-9356 FX HYPERLINK "mailto:greglanzo@sprynet.com" greglanzo@sprynet.com

HYPERLINK "http://www.kwiktoolusa.com" www.kwiktoolusa.com

Credit References:

Company 1: Company 2: Address: Address: City: City:

State: Zip: State: Zip:

Account#: Account#: Telephone: Telephone:

Fax: Fax: Contact: Contact:

Company 3: Company 4: Address: Address: City: City:

State: Zip: State: Zip:

Account#: Account#: Telephone: Telephone:

Fax: Fax: Contact: Contact:

Note: You may supply your own prepared Credit References in lieu of this page, but please complete, sign and return Page 1 along with them.

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