

BASS TOOL & SUPPLY, INC.

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CREDIT APPLICATION

Order Pending: Yes ☐ No ☐ **BILLING INFORMATION** No. of years in business _ Company Name ____ Subsidiary? Yes \(\square\) No \(\square\) If yes, please complete the following: Billing Address ____ Parent Company Name City, State, Zip ___ Main Phone#: Address ___ Main Fax# City, State, Zip ___ Parent Co Phone# ___ President / Owner ___ Comptroller / Accounting Mgr. ____ Parent Co Fax# ___ **SHIPPING INFORMATION** Company Name ____ Address Fax# _____ City, State, Zip E-Mail ___ **ACCOUNTS PAYABLE INFORMATION PURCHASING INFORMATION** Purchasing Contact ___ Payables Contact ____ Purchasing Phone ______ Payables Phone _____ Purchasing Fax ____ Payables Fax _____ Purchasing E-mail _____ Payables E-mail ____ Have you purchased from us in the past? Yes No Invoices to be sent via: FAX E-MAIL If yes, who is your contact at Bass and provide your account #, if known. Are you taxable? Yes No (If no, please attach a copy of your exemption cert.) Tax exemption cert # TRADE REFERENCES (At least 2 tool suppliers are required) _____CO. NAME: _____ CO. NAME: ____ CO. NAME: ADDRESS: ______ ADDRESS:_____ ADDRESS:_____ CITY, ST, ZIP: _______ CITY, ST, ZIP:______ CITY, ST, ZIP:_____ FAX#: ______FAX#:____ _____ FAX#:_____ BANK REFERENCE Bank Name ___ Account # _____ Banking Officer ____ Bank Phone # ___ Bank Fax #_____ Address ___ _____ Bank E-Mail___ City, State, Zip _____ SIGNATURE The above information By signing this application for credit, I hereby authorize the Bank and Trade References listed is herewith submitted above to release any information to Bass Tool & Supply, Inc. to establish an account. for the purpose of opening an account NAME: and I do hereby certify this information to be SIGNATURE: DATE: true.