BASS TOOL & SUPPLY, INC.
2300 Fairway Park Dr.
Houston, TX 77092
Fax: 713-681-4931
E-mail: sales@basstool.com
Phone: 713-682-1889 • 800-442-0042

CREDIT APPLICATION

Order Pending: Yes ☐ No ☐

BILLING INFORMATION

Company Name _____
Billing Address _____
City, State, Zip _____
Main Phone#: _____
Main Fax# _____
President / Owner _____
Comptroller / Accounting Mgr. _____

No. of years in business _____
Subsidiary? Yes ☐ No ☐ If yes, please complete the following:
Parent Company Name _____
Address _____
City, State, Zip _____
Parent Co Phone# _____
Parent Co Fax# _____

SHIPPING INFORMATION

Company Name _____
Address _____
City, State, Zip _____

Contact _____
Phone# _____
Fax# _____
E-Mail _____

PURCHASING INFORMATION

Purchasing Contact _____
Purchasing Phone _____
Purchasing Fax _____
Purchasing E-mail _____
Have you purchased from us in the past? Yes ☐ No ☐
If yes, who is your contact at Bass and provide your account #, if known.
_____
_____

ACCOUNTS PAYABLE INFORMATION

Payables Contact _____
Payables Phone _____
Payables Fax _____
Payables E-mail _____
Invoices to be sent via: FAX ☐ E-MAIL ☐
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: _____
PH#: _____ PH#: _____ PH#: _____
FAX/ email _____ FAX/ email _____ FAX/ email _____

BANK REFERENCE

Bank Name _____
Banking Officer _____
Address _____
City, State, Zip _____

Account # _____
Bank Phone # _____
Bank Fax # _____
Bank E-Mail _____

SIGNATURE

The above information is herewith submitted for the purpose of opening an account and I do hereby certify this information to be true.

By signing this application for credit, I hereby authorize the Bank and Trade References listed above to release any information to Bass Tool & Supply, Inc. to establish an account.

NAME: _____ TITLE: _____
SIGNATURE: _____ DATE: _____

SUBMIT FORM RESET FORM