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CREDIT APPLICATION

COMMERCIAL

DATE _____

SALESMAN # _____

APPLICATION INFORMATION

COMPANY NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

ACCOUNTS PAYABLE
 ADDRESS (IF DIFFERENT) _____

ACCOUNTS PAYABLE CONTACT _____

PHONE/FAX NUMBER _____

NUMBER OF
 EMPLOYEES HERE _____ SALES VOLUME \$ _____

NO. OF YEARS IN BUSINESS
 UNDER THIS NAME _____ AT THIS LOCATION _____

TYPE OF BUSINESS

- PARTNERSHIP
- CORPORATION
 IN STATE OF _____
- SUBSIDIARY
- DIVISION

CREDIT LINE REQUEST \$ _____

TOTAL NUMBER OF EMPLOYEES _____

OWNERSHIP			
NAME OF OWNER _____	PHONE NUMBER _____		
HOME ADDRESS _____	CITY _____	STATE _____	ZIP _____
NAME OF OWNER _____	PHONE NUMBER _____		
HOME ADDRESS _____	CITY _____	STATE _____	ZIP _____
NAME OF OWNER _____	PHONE NUMBER _____		
HOME ADDRESS _____	CITY _____	STATE _____	ZIP _____
TRADE REFERENCES			
COMPANY NAME _____	PHONE # _____	FAX # _____	
ADDRESS _____	CITY _____	STATE _____	ZIP _____
COMPANY NAME _____	PHONE # _____	FAX # _____	
ADDRESS _____	CITY _____	STATE _____	ZIP _____
COMPANY NAME _____	PHONE # _____	FAX # _____	
ADDRESS _____	CITY _____	STATE _____	ZIP _____
BANK REFERENCES			
BANK NAME _____	ACCT. # _____	PHONE # _____	FAX # _____
ADDRESS _____	CITY _____	STATE _____	ZIP _____
BANK NAME _____	ACCT. # _____	PHONE # _____	FAX # _____
ADDRESS _____	CITY _____	STATE _____	ZIP _____

NOTE: We (I) agree to pay for the goods and/or services noted above and for all goods and services heretofore or hereafter purchased or ordered from you together with interest at the rate of 18% per annum of such interest as is allowed by applicable law from the date until paid, and attorney's fees at 33-1/3% of principal and interest of \$250.00, whichever is greater, if placed in the hands of an attorney for collection.

All statements made herein are true and accurate to the best of our knowledge. We authorize the above company to make any and all inquiries necessary for action on this credit application. We hereby indemnify the above company and its agents, from any liability resulting from credit survey. This undersigned hereby personally guarantees payment of this account.

TERMS: 30 DAYS FROM INVOICE DATE.

President

APPROVED \$ _____ By: _____ Title _____ Date _____

DISAPPROVED \$ _____ Date: _____ Name _____

UNIFORM SALES & USE TAX CERTIFICATE — MULTIJURISDICTION

The below-listed states have indicated that this form of certificate is acceptable. The issuer and the recipient have the responsibility of determining the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: _____

Address: _____

I certify that:

Name of Firm (Buyer): _____

Address: _____

is engaged as a registered

Wholesaler

Retailer

Manufacturer

Seller (California)

Lessor

Other (Specify) _____

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product or service to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

Description of Business: _____

General description of tangible property or taxable services to be purchased from the seller: _____

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AL	_____	MO	_____
AR	_____	NE	_____
AZ	_____	NV	_____
CA	_____	NJ	_____
CO	_____	NM	_____
CT	_____	NC	_____
DC	_____	ND	_____
FL	_____	OH	_____
GA	_____	OK	_____
HI	_____	PA	_____
ID	_____	RI	_____
IL	_____	SC	_____
IA	_____	SD	1
KS	_____	TN	_____
KY	_____	TX	_____
ME	_____	UT	_____
MD	_____	VT	_____
MI	_____	WA	_____
MN	_____	WI	_____

I further certify that if any property or service so purchased tax free is used or consumed by the firm as to make it subject to a Sales or use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be a part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: _____

(Owner, Partner or Corporate Officer)

Title: _____

Date: _____