



CREDIT INFORMATION



15785 S Keeler Terr, Olathe, KS 66062 Phone: (913) 563-5700 Fax: (913) 631-2622

LEGAL COMPANY NAME _____

BILLING ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE# _____ **FAX#** _____ **YRS IN BUS** _____

OWNERSHIP: _____ **CORPORATION** _____ **PARTNERSHIP** _____ **INDIVIDUAL** _____ **OTHER**

NAME OF PRINCIPAL _____ **TITLE** _____

NAME OF PRINCIPAL _____ **TITLE** _____

E-MAIL ADDRESS _____ **CONTACT** _____

SHIPPING ADDRESSES IF DIFFERENT THAN ABOVE:

CREDIT REFERENCES:

1) COMPANY NAME _____ **CONTACT** _____

ADDRESS _____ **PHONE** _____

_____ **FAX** _____

2) COMPANY NAME _____ **CONTACT** _____

ADDRESS _____ **PHONE** _____

_____ **FAX** _____

3) COMPANY NAME _____ **CONTACT** _____

ADDRESS _____ **PHONE** _____

_____ **FAX** _____

BANK INFORMATION:

I, _____, authorize my bank to release information on my account for the purpose of obtaining credit from Goldblatt Tool Company, LLC.

BANK NAME _____ **CONTACT** _____

ADDRESS _____ **PHONE** _____

_____ **ACCOUNT #** _____

By filling out and signing this form you are authorizing Goldblatt Tool Company, LLC to do a credit check on the background of your organization.

Signature

Position

FOR OFFICE USE ONLY

CO	SP	PB			
GB		GO	GR	BL	
FP		WH	GY		