

DETROIT EDGE TOOL COMPANY CREDIT APPLICATION

Name/Address

| | |
|-------------------|----------|
| Name of Business: | Phone: |
| Address: | Fax: |
| Address: | |
| City: | State: |
| ZIP: | Tax ID # |

Company Information

| | |
|--|--------------------------------------|
| Type of Business: | In Business Since: |
| Legal Form Under Which Business Operates: | |
| Corporation <input type="checkbox"/> | Partnership <input type="checkbox"/> |
| Proprietorship <input type="checkbox"/> | |
| If Division/Subsidiary, Name of Parent Company: | In Business Since: |
| Name of Company Principal Responsible for Business Transactions: | |
| Title: | |
| Address: | City: |
| State: | ZIP: |
| Phone: | |
| Name of Company Principal Responsible for Business Transactions: | |
| Title: | |
| Address: | City: |
| State: | ZIP: |
| Phone: | |

Bank References

| | | |
|---------------------|--------------------|----------------------|
| Institution Name: | Institution Name: | Institution Name: |
| Checking Account #: | Savings Account #: | Line of Credit Loan: |
| | | Loan Balance: |
| Address: | Address: | Address: |
| Phone: | Phone: | Phone: |
| Fax: | Fax: | Fax: |

Trade References

| | | |
|-----------------------|-----------------------|-----------------------|
| Company Name: | Company Name: | Company Name: |
| Contact Name: | Contact Name: | Contact Name: |
| Address: | Address: | Address: |
| Phone: Fax: | Phone: Fax: | Phone: Fax: |
| Account Opened Since: | Account Opened Since: | Account Opened Since: |
| Credit Limit: | Credit Limit: | Credit Limit: |
| Current Balance: | Current Balance: | Current Balance: |

Has the firm or any of its principals ever been Bankrupt (circle one)? Yes No

If Yes, explain _____

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

In consideration of the extension of credit, said business promises to pay for all purchases within the terms agreed (1/2% 10, Net 30) and agrees to pay a service charge per month of 1-1/2% per month (18% annual percentage rate) on all past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business, the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

(Name of Business)

(Print Name)

(Title)

(Signature)

6570 E NEVADA, DETROIT, MI 48234
PHONE: 313-366-4120
FAX: 313-366-1890

CREDIT DEPARTMENT USE ONLY

Date: _____

Credit Approved / Denied

Comments: _____