

Credit Application

CONFIDENTIAL ACCOUNT AGREEMENT

For the purpose of obtaining merchandise from the Wood Tooling Shop, the following statements in writing are made knowing that Wood Tooling Shop, is relying upon same should credit be extended. It is further understood that the information supplied is confidential and shall be regarded as continuous until another is substituted, and the firm listed below agrees to inform Wood Tooling Shop, of any material change in their financial status.

CUSTOMER

Complete Legal Name _____

Billing Address _____

City _____ State _____ Zip _____

Shipping Address _____ Same as billing address

City _____ State _____ Zip _____

DESCRIPTION OF BUSINESS

Annual Sales _____ In Business Since _____ Number of Employees _____ Amount of Credit Requested _____

DESCRIPTION OF BUSINESS

Corporation-publicly held Partnership-limited

If a Division or subsidiary, name of parent corp: _____

If incorporated, date of incorporation: _____

Corporation-closely held Partnership-limited

LICENSING INFORMATION

Federal Tax Number _____ Resale Number _____

TRADE REFERENCES (Open Accounts Only)

1. Complete Legal Name _____	Fax _____
Address _____	Telephone _____
City _____ State _____	Zip _____
2. Complete Legal Name _____	Fax _____
Address _____	Telephone _____
City _____ State _____	Zip _____
3. Complete Legal Name _____	Fax _____
Address _____	Telephone _____
City _____ State _____	Zip _____
4. Complete Legal Name _____	Fax _____
Address _____	Telephone _____
City _____ State _____	Zip _____

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COMPANY PRINCIPALS RESPONSIBLE FOR BUSINESS TRANSACTIONS

1. Name	Position	Ownership %	Federal Tax ID or Social Security #

Address	City	State	Zip

2. Name	Position	Ownership %	Federal Tax ID or Social Security #

Address	City	State	Zip

3. Name	Position	Ownership %	Federal Tax ID or Social Security #

Address	City	State	Zip

CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY

The undersigned, for the procuring and establishing of credit from time to time with Dimar for purchase of goods, materials and/or services, furnishes the above business and personal credit information. The undersigned, jointly and individually, certify that all information in this Credit Application is complete, factual and correct, and understands that Wood Tooling Shop, will rely on the accuracy of this information for any credit that may be extended. Wood Tooling Shop, is hereby expressly authorized to contact any parties herein and to verify any information contained in this Credit Application. The undersigned waives any privacy of credit information rights and regulations. If any representations made on the Application prove to be untrue, the undersigned agrees that all obligations of the above-named customer to, or held by, Wood Tooling Shop, shall immediately become due and fully pay-able without demand or notice, and the undersigned further expressly agrees to assume personal liability for all obligations of said customer to Wood Tooling Shop,. The undersigned hereby acknowledges receipt of a copy of this Credit Application.

I have read and agree to the conditions of this agreement.

Authorized Signature _____ Title _____ Date _____

BANK REFERENCE

Name	Branch Locations	Checking Account No	Savings Account No.

Loan Balance	Business	Personal	Secured By

I have read and agree to the conditions of this agreement.

Authorized Signature _____ Title _____ Date _____