



100 Hayes Drive, Unit C
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CREDIT APPLICATION

Name of Company: _____

Mailing _____
Address: _____

Shipping _____
Address: _____

Phone: _____
Contact Person: _____
How Many Years in Business: _____

Fax: _____
Title: _____
State Resale Cert. No.: _____

REFERENCES

(Complete Address, Phone, Fax, and Contacts Required)

1) _____

2) _____

3) _____

4) _____

List of Officers: (Hand Tool Buyer, Merchandise Manager, President, etc.)

- 1) Name/Title _____
- 2) Name/Title _____
- 3) Name/Title _____
- 4) Name/Title _____

Print Applicant's Name & Title

Signature: _____ Date: _____