



8325 Hedge Lane Terrace · Shawnee, KS 66227 USA
Phone: 800-422-2448 · www.KraftTool.com

Fax Completed Application to (888) 423-7140

CREDIT APPLICATION

Business Name: _____ Date: _____

Mailing Address: _____

City

State

ZIP

Shipping Address: _____

(If Different from Mailing)

City

State

ZIP

Business Phone: _____ Fax: _____

Buyer's Name: _____ Buyer's Email Address: _____

Buyer's Phone: _____ Buyer's Fax: _____

***THE FOLLOWING INFORMATION MUST BE COMPLETED (PRINTED OR TYPED)
AND WILL BE HELD IN STRICTEST CONFIDENCE.***

Type of Business: _____

Applicant Is: _____ Partnership _____ Sole Owner _____ Corp. In State of _____

Owner's Name: _____ Owner's Name: _____

Owner's Phone: _____ Owner's Phone: _____

Owner's Address: _____ Owner's Address: _____

City

State

ZIP

City

State

ZIP

Number of Years in Business: _____ D & B #: _____

We(I) certify that all the above information is correct and we have read and agree to your terms of sale as well as all other information on your policy statement.

Date: _____ Signed: _____ Title: _____

Guarantor: _____

Send me the latest Kraft Tool Specials and Product Information

Email Address: _____



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CREDIT REFERENCES

(This portion **MUST BE** filled out completely)

Company Name: _____ Company Name: _____

Address: _____ Address: _____

City: _____ State: _____ ZIP: _____ City: _____ State: _____ ZIP: _____

Fax: _____ Fax: _____

Phone: _____ Phone: _____

Company Name: _____ Company Name: _____

Address: _____ Address: _____

City: _____ State: _____ ZIP: _____ City: _____ State: _____ ZIP: _____

Fax: _____ Fax: _____

Phone: _____ Phone: _____

BANK REFERENCES

Bank Address/Branch Account Number

Bank Address/Branch Account Number

(DO NOT WRITE BELOW THIS LINE)

Sales Name: _____ Assigned Account#: _____

Credit References Checked By: _____

Approved: _____ Disapproved: _____ By: _____ Date: _____

Credit Limit: _____

POLICY STATEMENT



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“CREDIT AND COLLECTION”

*OUR CREDIT APPLICATION FORM MUST BE COMPLETED, RETURNED AND ON FILE AS A
CONDITION TO MAINTAIN AN OPEN ACCOUNT ALONG WITH THIS POLICY STATEMENT.*

Terms: NET 30 DAYS

Payments:

Each invoice is due in full on or before 30 days following the invoice date.

Any returns or debits on account must be approved by us prior to payment of invoice.

Past Due Accounts:

Past due accounts of sixty days or more are subject to being placed on “credit hold” or “cash with order” without notice, and will remain so until satisfactory arrangements have been made with our credit department.

Any account with an unpaid invoice that is 120 days old will be notified at this time, allowing 10 working days for remittance of payment before being placed with our collection agent. Attorney’s fees and collection cost will be borne by the customer if their account must be placed for collection.

THE CUSTOMER BELOW DOES HEREBY AGREE TO ALL OF THE ABOVE POLICY STATEMENT FOR CONSIDERATION AND EXTENSION OF CREDIT BY KRAFT TOOL COMPANY.

Company Name: _____

Authorized Signature: _____

Print Name: _____

Title: _____

Date: _____

MULTI-JURISDICTION



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RESALE TAX EXEMPTION CERTIFICATE

Issued To: _____

Address: _____ State: _____ ZIP: _____

I certify that: _____

Name of Firm

Street Address

City

State

ZIP

Is engaged as a registered

Wholesaler

Retailer

Manufacturer

Other

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 to be resold, leased or rented in the normal course of our business. We are in the business of wholesaling, retailing, manufacturing, retailing, leasing or renting.

Products or Services Rendered: _____

State: _____ State Registration or ID No: _____

City or State: _____ State Registration or ID No: _____

City or State: _____ State Registration or ID No: _____

I FURTHER CERTIFY THAT IF ANY PROPERTY 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 OUT DIRECT TO THE PROPER TAXING AUTHORITY WHEN STATE LAW SO PROVIDES OR INFORM THE SELLER FOR ADDED TAX BILLING. THIS CERTIFICATE SHALL BE PART OF EACH ORDER WHICH WE HEREAFTER GIVE TO YOU, UNLESS OTHERWISE SPECIFIED, AND SHALL BE VALID UNTIL CANCELLED BY US IN WRITING OR REVOKED BY THE CITY OR STATE.

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

Authorized Signature: _____ Title: _____

Print Name: _____ Date: _____