



Circle Bolt & Nut Co., Inc.

158 Pringle Street
Kingston, Pennsylvania 18704-2763



570-718-6001 x1034
fax: 570-718-6021
e-mail: accountsreceivable@circlebolt.com

❖ CREDIT APPLICATION ❖

Please complete and sign at bottom of second page

Salesman: _____

Company:		
Billing Address:		
Billing City:	State:	Zip Code: <small>Include + 4 code</small>
Billing Phone: ()	Billing Fax: ()	Toll Free Number: ()
Buyer/Purchasing:	Email:	
Billing Contact:	Email:	
TAXABLE: Yes <input type="checkbox"/> No <input type="checkbox"/> ***	State Tax #:	Federal Tax #:

*** Please provide supporting documentation.

Individuals *authorized* to purchase: (attach list of additional authorization buyers, if necessary)

Name:	Phone:	Email:
Name:	Phone:	Email:
Name:	Phone:	Email:
Name:	Phone:	Email:
Name:	Phone:	Email:
Name:	Phone:	Email:

Will accept our invoices by: FAX: EMAIL: EDI: USPS: OTHER: *specify*

Estimated Annual Volume: \$ _____

Ship to Address (if different from billing):		
Ship to: City:	State:	Zip Code: <small>Include + 4 code</small>
Ship to Phone: ()	Ship to Fax: ()	
Receiver Contact:	Email:	
Type of Business:	URL:	
Credit Limit Requesting \$ _____	Is Purchase Order # required? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are Order Acknowledgements required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are Backorders permitted? Yes <input type="checkbox"/> No <input type="checkbox"/>	

❖ TRADE REFERENCES ❖

1. Company Name:		
Account #:	Contact Person:	
Address:	Phone:	
Email:	Fax:	



Circle Bolt & Nut Co., Inc.



2. Company Name:

Account #:

Contact Person:

Address:

Phone:

Email:

Fax:

3. Company Name:

Account #:

Contact Person:

Address:

Phone:

Email:

Fax:

❖ BANK REFERENCES ❖

Bank Name:

Contact person:

Phone:

Ext:

Checking Account #:

PAYMENT TERMS: NET 30 DAYS unless otherwise agreed. Interest reimbursement to Circle Bolt & Nut Co., Inc. is agreed on any invoice not paid within 30 days. Rate of reimbursement is 1½% per month or 18% per annum for any month or partial month's extension. I/we authorize you to verify this information and/or obtain additional information by securing data from a credit-reporting agency. I/we further agree to pay a 25% collection charge in the event of default, if the account is placed with an attorney or bonded collection agency in addition to any amount due and owing. The parties hereby agree to consent to jurisdiction for any litigation or legal matters in the Court of Common Pleas of Luzerne County. This consent to jurisdiction supercedes any other agreements to the contrary.

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILTIY, ABILITY, AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE TO TERM

Signature of Authorized Company Representative: _____ DATE: _____

Please print your name and title: _____

For Internal Use Only

Salesman: _____ Freight Code: _____

Credit Limit: \$ _____ Notes: _____

Contract: Yes No Branch Credit: _____

Shipping Route: _____ Default Carrier: _____