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CREDIT APPLICATION

BILL TO INFORMATION

Name:

Address:

City:

State:

Zip Code:

Phone:

Fax:

SHIP TO INFORMATION

Check if same as Bill To:

Name:

Address:

City:

State:

Zip Code:

Phone:

Fax:

COMPANY INFORMATION

President / Owner(s):

Purchasing Agent:

Email:

Accounts Payable:

Email:

Preferred Method to Receive Invoices: Email or Fax Email / Fax #:

Tax ID or SS#:

Company Type: SoleOwner Partnership Corp

Tax Exempt: Yes No N/A (If yes, please complete and send a Tax Exemption form.)

BANK INFORMATION

Bank Name:

Bank Address:

City:

State:

Zip Code:

Bank Contact:

Phone:

Fax:

CREDIT REFERENCE #1

Company Name:

Contact:

Address:

City:

State:

Zip Code:

Phone:

Fax:

CREDIT REFERENCE #2

Company Name:

Contact:

Address:

City:

State:

Zip Code:

Phone:

Fax:

CREDIT REFERENCE #3

Company Name:

Contact:

Address:

City:

State:

Zip Code:

Phone:

Fax: