

Tolman Tool Manufacturing, Inc.

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Company: Date: Contact Person: Address: Telephone: Fax: Fax: Sank Years/ Months in Business: Sank Years/ Months at Current Address: Name: Address: Address: Tel: Fax: Trade References Name: Name: Address: Tel: Fax: Tel: Fax:
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Amount of Credit Desired: \$ Our Terms are 2% 10 net 30 days
I (We) certify that the above information is true and correct. We give our consent to Tolman Tool Mfg., Inc. (or its representative) to contacted the above stated trade references to obtain information regarding our credit worthiness. We also agree to comply with your terms of credit.
Signature: Title: Date:
Signature: Title: Date: