



2800 Grays Ferry Ave. ♦ Philadelphia, PA 19146
 Phone: 888-TRY-DIAMOND • 215-952-1919 ♦ Fax: 215-952-1932
 www.diamondtool.net

APPLICATION FOR COMMERCIAL CREDIT

Please complete entire application and return the original via U.S. Mail. Failure to complete this application, including Taxpayer ID, will delay credit processing.

ABOUT YOUR COMPANY

Company Legal Name: _____
 D/B/A (Account will be set up in this name): _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Business Phone **NO CELL NUMBERS:** () _____ Ext# _____
 Fax: () _____ Cell Number: () _____
 Taxpayer ID Number (Required**): _____
Social Security Number may be provided if you are a sole proprietor and do not have a Tax ID Number.
 Business Started: _____ / _____ (Month/Year) No. of Employees: _____

BILLING INFORMATION

Account Payables Contact: _____ Title: _____
 Email Address: _____
 Billing Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: () _____ Ext#: _____ Fax: () _____

PURCHASE ORDERS/JOB NUMBER: Please indicate if purchase orders are required: YES NO

LIST ALL OFFICERS, MEMBERS, PARTNERS OR OWNERS

Name: _____ Title: _____ Home Phone: () _____
 Home Address: _____
 City: _____ State: _____ Zip Code: _____
 Email Address: _____

Name: _____ Title: _____ Home Phone: () _____
 Home Address: _____
 City: _____ State: _____ Zip Code: _____
 Email Address: _____

Name: _____ Title: _____ Home Phone: () _____
 Home Address: _____
 City: _____ State: _____ Zip Code: _____
 Email Address: _____

PARENT COMPANY INFORMATION (IF APPLICABLE)

Parent Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ Ext#: _____ Fax: () _____

LEGAL TYPE (Choose One)

Corporation

Partnership

Limited Partnership

Sole Proprietorship

LLC

Other

BUSINESS TYPE (Ex: General Contractor, Hospital, Roofing Contractor, Etc.): _____

TRADE REFERENCES

Company Name: _____ Phone: () _____ Fax: () _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____

Company Name: _____ Phone: () _____ Fax: () _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____

Company Name: _____ Phone: () _____ Fax: () _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____

Company Name: _____ Phone: () _____ Fax: () _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____

AUTHORIZED BUYERS:

Please list the names of the individuals that are authorized to purchase on this account. If no names are provided, Diamond Tool may assume that any person presenting as an employee of your company is authorized to purchase on behalf of the company.

Name: _____ Phone: () _____

Name: _____ Phone: () _____

Name: _____ Phone: () _____

Name: _____ Phone: () _____

Name: _____ Phone: () _____

Name: _____ Phone: () _____

TERMS & CONDITIONS

By signing below, you are applying for commercial credit with Diamond Tool & Fasteners, Inc. You certify that you agree to the terms and conditions of as set forth herein. You acknowledge that the payment terms on this account are Net 30 and payment is due 30 days from the date of invoice. By signing below, you agree to pay all charges incurred under this credit account. Should you believe that there is a billing error, it is your responsibility to contact the billing department of Diamond Tool to notify them of your dispute within ten (10) business days from the date of invoice. Should you fail to do so, Diamond Tool will assume that the debt is valid. You further agree that should you fail to make payments on this account, and should Diamond Tool find it necessary to take legal action to recover the amounts owed, you agree to be responsible for attorneys' fees of 25% and costs incurred as a result of said collection activity as well as interest in the amount of 18% per year. This Contract shall be governed by the laws of the State of New Jersey. Shall any part of this contract be unenforceable, the remainder of the contract shall remain in full force and effect.

In addition, you authorize us to obtain information about you personally (whether or not you have personally guaranteed the account), your business and any guarantor from employers, banks, credit bureaus, and others, to verify your identity and to determine the applicant's eligibility for credit, renewal of credit, future extensions of credit, and to collect on any account resulting from this application.

You certify that all of the information provided in this application is true and correct and *YOU ARE AUTHORIZED TO SIGN THE APPLICATION ON BEHALF OF THE APPLICANT. My signature, if transmitted by facsimile, will be acceptable and binding as if the original were sent.*

Signature of Company's

AUTHORIZED REPRESENTATIVE X _____ **Date:** _____

Name (Print): _____ **Title:** _____

First Name: _____ **Last Name:** _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

CONTINUING PERSONAL GUARANTEE

For and in consideration of selling/renting any materials to the above applicant on the account or otherwise by Diamond Tool, I hereby absolutely and unconditionally guarantee the credit account, debt or obligation of the above named applicant. This is a continuing guarantee and shall continue as long as credit is extended on the account, debt or obligation is open. I expressly waive notice of default, diligence, resort to security, any obligation to proceed first against debtor or any other guarantor, and joinder of debtor or other guarantors. I further agree to pay all attorney's fees, and costs and other expenses incurred in enforcement of the underlying obligation and this guarantee and agree that in the event of litigation, suite may be brought in the State of New Jersey. I acknowledge that this guarantee is binding upon me personally regardless of any corporate or title I may affix or write next to my name and/or signature. **My signature, if transmitted by facsimile, will be acceptable and binding as if the original were sent.**

Date: _____

Guarantor Signature: _____

Print Name: _____

Social Security Number: _____

(Please note if applicant is a corporation, the Guarantor must be a corporate officer)**



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BANK AUTHORIZATION

In order to process your credit application, we must obtain credit information from your bank. Therefore, we require that you complete the form below, allowing your bank to release the credit information.

I hereby authorize,

Name of Bank: _____

Bank Address: _____

Phone: () _____ Fax: () _____

Name of Account: _____ Account Number: _____

Account Address: _____

to release any and all necessary credit information to Diamond Tool & Fasteners, Inc., 2800 Grays Ferry Avenue, Philadelphia, PA 19146. (215)952-1919, FAX (215)952-1932.

Company Name: _____ Title: _____

Authorized Agent (Print): _____

Authorized Agent (Signature): _____

FOR BANK INQUIRY ONLY		
Date Account Opened: _____	Does Account Borrow? _____	Amount Owing? _____
Are Borrowings: Secured <input type="checkbox"/> Unsecured <input type="checkbox"/>		
Checking Account: Personal <input type="checkbox"/> Commercial <input type="checkbox"/>	Is Account Satisfactory? _____	
Returned Checks? _____ (# in Past 12 Months)	Average Balance: _____	
Comments: _____		
Signature/Title: _____		