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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: <input type="checkbox"/>			
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:		