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CREDIT APPLICATION

BILL TO INFORMATION

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Email: _____

SHIP TO INFORMATION

Check if same as Bill To:
 Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Email: _____

C O M P A N Y I N F O R M A T I O N

President(s) / Owner(s): _____
 Purchasing Agent: _____ Email: _____
 Accounts Payable: _____ Email _____
 Email to Receive Invoices (if different from above A/P Email): _____
 Tax ID / SS #: _____ Company Type: Sole Owner Partnership Corp
 Tax Exempt: Yes No N/A (If yes, please include a Tax Exemption form)

BANK INFORMATION

Bank Name: _____
 Bank Address: _____
 City: _____ State: _____ Zip Code: _____
 Bank Contact: _____ Phone: _____ Email: _____

CREDIT REFERENCE #1

Company Name: _____
 Contact: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Email: _____

CREDIT REFERENCE #2

Company Name: _____
 Contact: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Email: _____

CREDIT REFERENCE #3

Company Name: _____
 Contact: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Email: _____