



CREDIT APPLICATION

COMPANY NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
TELEPHONE NO. _____ FAX NO. _____
CORPORATION _____ PARTNERSHIP _____ SOLE PROPRIETOR _____ OTHER _____
YEARS IN BUSINESS _____ NO. OF EMPLOYEES _____ ANNUAL SALES _____
FEDERAL TAX ID: _____ OR SS# _____

BANKING INFORMATION

BANK: _____ PHN NO. _____
ADDRESS: _____ FAX NO. _____
CITY/STATE _____ CONTACT: _____
CHECKING ACCT #: _____ SAVINGS/OTHER _____
AUTHORIZED SIGNATURE: _____

TRADE REFERENCES [INCLUDE FAX NUMBERS]

NAME: _____ PHN # _____
ADDRESS: _____ FAX # _____
CITY/STATE/ZIP: _____
CONTACT: _____

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InspectorTools

4848 Colt St., Unit 11, Ventura, CA 93003 : (800) 895-4916 Fax: (805) 644-5362



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Tel: +1 (281) 516-9292 / (888) 275-5772 **eFax:** +1 (866) 234-0451
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