



126 Calvary Street
P.O. Box 541586
Waltham, MA 02453
Ph: 1.781.899.0790
Fx: 1.781.899.2482

MASSACHUSETTS

280 Brookdale Drive
Springfield, MA 01104
Ph: 1.413.732.8044
Fx: 1.413.732.3017

35 Oak Hill Way
Brockton, MA 02301
Ph: 1.508.863.8026
Fx: 1.781.863.8027

RHODE ISLAND

10 Amflex Drive
Cranston, RI 02921
Ph: 1.401.464.5000
Fx: 1.401.464.5023



CREDIT APPLICATION

CREDIT AMOUNT REQUESTED _____ DATE OF APPLICATION _____

ACCOUNT (LEGAL) NAME _____ ("CUSTOMER")

TRADE NAME (IF ANY) _____ ("CUSTOMER")

SOCIAL SECURITY # _____ TEL. _____ FEDERAL EMPLOYER I.D. # _____

ADDRESS _____
STREET CITY STATE ZIP

ACCOUNTS PAYABLE CONTACT _____
FIRST, LAST NAME EMAIL

EMAIL ADDRESS WHERE INVOICES CAN BE SENT _____

THE FOLLOWING INFORMATION MUST BE COMPLETED IN FULL, AND WILL BE USED ONLY IN CONNECTION WITH PRO TOOL & SUPPLY/PRO EQUIPMENT RENTAL'S DECISION TO GRANT OR DENY CREDIT.

TYPE OF BUSINESS CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP LIMITED PARTNERSHIP LLC TRUST OTH.

YEARS IN BUSINESS _____ YEAR INCORPORATED _____ HAVE YOU EVER FILED BANKRUPTCY? _____

PAYMENT PERSONALLY GUARANTEED? YES NO

IF PARTNERSHIP OR SOLE PROPRIETORSHIP, IDENTIFY ALL PRINCIPLES, USING ADDITIONAL SHEETS IF NECESSARY. IF A CORPORATION, IDENTIFY THE PRESIDENT, SECRETARY AND TREASURER AND NOTE TITLES ACCORDINGLY.

PRINCIPAL'S NAME TITLE HOME ADDRESS

OWN/RENT PROPERTY IN NAME OF TEL. NO

PRINCIPAL'S NAME TITLE HOME ADDRESS

OWN/RENT PROPERTY IN NAME OF TEL. NO.

BANK REFERENCES (2 PLEASE)

1. NAME OF BANK (CHECKING) _____
BANK ADDRESS _____
ACCOUNT # _____ CONTACT _____ TEL. NO. _____

2. NAME OF BANK (SAVINGS/MONEY MARKET) _____
BANK ADDRESS _____
ACCOUNT # _____ CONTACT _____ TEL. NO. _____

PLEASE CONTINUE ON THE NEXT PAGE



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TRADE REFERENCES (3 PLEASE)

- 1. COMPANY ADDRESS CONTACT NAME TEL. NO FAX NO.
2. COMPANY ADDRESS CONTACT NAME TEL. NO FAX NO.
3. COMPANY ADDRESS CONTACT NAME TEL. NO FAX NO.

I/WE AUTHORIZE THE FOLLOWING INDIVIDUALS TO CHARGE GOODS FROM YOU TO MY/OUR ACCOUNT

Blank lines for entering authorized individuals' names and contact information.

DO YOU REQUIRE A PURCHASE ORDER NUMBER YES NO

I/WE MAY CHANGE AUTHORIZED INDIVIDUALS FROM TIME TO TIME BY WRITTEN NOTICE TO YOU AT THE ADDRESS WHERE PAYMENTS ARE SENT.

TO RECEIVE CURRENT PROMOTIONS JOIN OUR EMAIL LIST! Email:

VISIT US ON THE WEB AT WWW.PROTOOLANDSUPPLY.COM

TERMS AND CONDITIONS OF SALE

Orders will be accepted only subject to PRO TOOL's ability to furnish and at PRO TOOL's price in effect at time of shipment. Any claims for defective materials shall be waived unless written notice of specific claims is given within 24 hours of shipping, delivery, or pick-up to PRO TOOL of the materials claimed to be defective. PRO TOOL is not liable for any back charges claimed by you due to delays in shipment. Claims within 24 hours of shipping, delivery or pick-up for shortage in quantity shall be made in writing immediately; otherwise, any such claim shall be deemed to have been waived by you. Cancellations can be made only upon written consent of both you and PRO TOOL, except that PRO TOOL reserves the right to cancel in the event of a strike, fire, and any other cause beyond PRO TOOL's control that effects PRO TOOL's ability to deliver or PRO TOOL's scheduled delivery. PRO TOOL cannot consent to cancellation of goods made-to-order which are in process or completed. Unless otherwise noted on any invoices, all amounts are due and payable within thirty (30) days of date of invoice. PRO TOOL reserves the right to make all outstanding invoices immediately due from you if PRO TOOL has reason to believe your financial condition has changed or if you have failed to timely pay any of PRO TOOL's invoices.

PLEASE CONTINUE ON THE NEXT PAGE



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Terms and Conditions of Sale (Continued)

I/We jointly and severally acknowledge that all bills are due and payable within thirty (30) days of the invoice date. I/We also jointly and severally acknowledge that if the account has a balance over thirty (30) days, a monthly service charge of 1-1/2% per month (which is an annual rate of 18%) will be computed on the overdue balance, and will be paid immediately and as charged. You agree that, in PRO TOOL's sole and absolute discretion, PRO TOOL may turn the account over for collection and you shall pay all charges of collection, including but not limited to reasonable attorney's fees in the amount of not less than 33-1/3 percent of the outstanding principal and interest, and court costs. This agreement is a Massachusetts contract and shall be interpreted under the Laws of the same. You agree that PRO TOOL shall not be liable for consequential or incidental damages. YOU HEREBY WAIVE ALL RIGHTS TO TRIAL BY JURY AND HEREBY SUBJECT YOURSELF TO THE PERSONAL JURISDICTION OF THE COURTS OF THE COMMONWEALTH OF MASSACHUSETTS AND FURTHER AGREE THAT ANY LITIGATION BROUGHT AGAINST PRO TOOL MUST BE BROUGHT IN A COURT OF THE COMMONWEALTH OF MASSACHUSETTS HAVING PROPER VENUE. YOU HEREBY WAIVE ALL RIGHTS OF SET OFF, COUNTERCLAIM AND HOMESTEAD WHETHER NOW EXISTING OR EXISTING IN THE FUTURE.

This information has been given for the purpose of obtaining credit and is certified and warranted to be true. I/We agree also that PRO TOOL may request further credit information about me/us from a credit reporting agency at any time. I/We agree that PRO TOOL may provide any credit information to others without my/our prior consent.

DATE

SIGNATURE OF PERSON RESPONSIBLE FOR PAYING BILL

DATE

SIGNATURE OF PERSON RESPONSIBLE FOR PAYING BILL