

Travers Tool Credit Application

1. CONTACT INFORMATION

Company Name _____	_____
Contact Name _____	Title _____
Department _____	Email _____
Phone _____	Fax _____

2. BILLING ADDRESS

Billing Contact Name _____
Address _____
City _____ State _____
Zip+4 _____ Country _____
Phone _____ Fax _____
Email _____

3. SHIPPING ADDRESS

Same as billing address

Shipping Contact Name _____
Address _____
City _____ State _____
Zip+4 _____ Country _____
Phone _____ Fax _____
Email _____

4. DUN & BRADSTREET INFORMATION (If you are unlisted in D&B, please proceed to sections 5 and 6)

Duns ID # _____	Parent Company Duns # _____
Subsidiary or Division _____	
Number of Employees _____	Business Type _____
Year Established _____	SIC Code (1) _____ (2) _____

5. BANK REFERENCE (Please give full name, address, phone and fax numbers on reference)

Bank Name _____
Address _____
Phone _____ Fax _____
Contact Name _____ Account # _____

6. TRADE REFERENCES (Please give full name, address and phone # on all references)

Name _____	Phone _____
Address _____	Fax _____
_____	_____
Name _____	Phone _____
Address _____	Fax _____
_____	_____
Name _____	Phone _____
Address _____	Fax _____
_____	_____

Please indicate which pertains to your company:

Individual Ownership Partnership Corporation Other

We thank you for your interest in opening an account with us and we look forward to serving you.

Authorized Signature Title Date