



www.mastercuttool.com  
E-mail: [sales@mastercuttool.com](mailto:sales@mastercuttool.com)

965 HARBOR LAKE DR. , SAFETY HARBOR, FL 34695  
PHONE: (727)726-5336 FAX: (727)725-2532

## CREDIT APPLICATION

Business Name : \_\_\_\_\_  
Business Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Ownership: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_  
Taxable \_\_\_\_ . Non-taxable \_\_\_\_\_ Certificate #: \_\_\_\_\_  
Number of employees \_\_\_\_\_ Years in business \_\_\_\_\_  
Type of Business \_\_\_\_\_

Principal Owner(s) or Officer(s) and Stockholder(s) are:

1. Name \_\_\_\_\_ Title \_\_\_\_\_ Fed ID \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Title \_\_\_\_\_ Fed ID \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Phone \_\_\_\_\_
3. Name \_\_\_\_\_ Title \_\_\_\_\_ Fed ID \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Phone \_\_\_\_\_

### Bank References

Name \_\_\_\_\_ Acct. No. \_\_\_\_\_  
Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Acct. No. \_\_\_\_\_  
Address \_\_\_\_\_ Phone No. \_\_\_\_\_

### Trade References

Name	Address	City, St., Zip	Fax No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Please list all your Branches on a separate sheet.)

The undersigned, representing \_\_\_\_\_  
states the above information is correct.

**Credit Terms:** Due and payable 30 days from the Freight and Invoice date. Please, sign below if you agree to abide by our terms of sale.

_____	_____	_____	_____
Print Name	Signature	Title	Date