

Burgon Tool Steel Co.

20 Durham St

Portsmouth, N.H. 03801

Ph: 800-258-7106 or 603-430-9200 Fax: 603-430-4004

Application for Credit

Name of Business _____

Address: _____ Years at this address: _____

City: _____ State _____ Zip: _____

Phone: _____ Fax: _____ e-mail: _____

Name of person responsible for A/P : _____ A/P Fax: _____

THE FOLLOWING INFORMATION MUST BE PROVIDED AND WILL BE HELD IN CONFIDENCE

Ownership: Corporation _____ Partnership _____ Individual _____

Federal Tax ID Number: _____ Sales Tax Exemption No. : _____

Name of Principals: _____ St., City, State: _____

_____ St., City, State: _____

Finance/Bank: _____ St., City, State: _____

Contact: _____ Phone: _____

BUSINESS REFERENCES (4 REFERENCES REQUIRED)

Business Name: _____ Address: _____

Phone: _____ Fax: _____ City/State: _____

Business Name: _____ Address: _____

Phone: _____ Fax: _____ City/State: _____

Business Name: _____ Address: _____

Phone: _____ Fax: _____ City/State: _____

Business Name: _____ Address: _____

Phone: _____ Fax: _____ City/State: _____

I/we certify that all the above information is correct. We fully understand the Burgon Tool Steel (BTS) credit terms of sale and agree to the proper payment in consideration of extended credit. I/we agree that costs for collection of delinquent items are borne by the applicant and that in consideration of BTS extending credit I/we jointly, severally, and unconditionally guarantee payment.

Should applicant change its legal entity or should ownership change I/we shall provide notification of such in writing.

Signed: _____ Title: _____ Date: _____

Print Name: _____ SSN _____