

# PIONEER

## FASTENERS & TOOLS, INC.

Corporate Address  
202 S. Ector Dr.  
Euless, TX 76040  
817-545-0121  
Fax 817-545-3760

Oklahoma Location  
8120 S. I-35 Service Rd.  
OKC, OK 73149  
405-632-2700  
Fax 405-632-0892

## CREDIT APPLICATION

OFFICE USE ONLY	
SALESMAN	_____
DATE	_____
APPROVED \$	_____
DISAPPROVED	_____
APPROVED BY	_____

### COMPANY INFORMATION

NAME: LAST FIRST		TITLE:		
NAME OF COMPANY:		TAX ID NUMBER		
ADDRESS:				
CITY:	STATE:	ZIP:	PHONE:	FAX:
EMAIL:	INVOICES:		MAIL <input type="checkbox"/>	EMAIL <input type="checkbox"/>
AP CONTACT INFO:	AP EMAIL:			
LEGAL FORM UNDER WHICH COMPANY OPERATES:	CORPORATION <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>	PROPRIETORSHIP <input type="checkbox"/>	
TYPE OF BUSINESS:	IN BUSINESS SINCE:			
CREDIT LINE REQUEST \$:	SALES VOLUME:			

### OWNERSHIP

OWNER:	OWNER:	OWNER:
HOME ADDRESS:	HOME ADDRESS:	HOME ADDRESS:
CITY: STATE: ZIP:	CITY: STATE: ZIP:	CITY: STATE: ZIP:
PHONE:	PHONE:	PHONE:

### BANK REFERENCES

INSTITUTION NAME:	INSTITUTION NAME:
ACCOUNT #	ACCOUNT #
ADDRESS:	ADDRESS:
PHONE:	PHONE:

### TRADE REFERENCES

COMPANY NAME:	COMPANY NAME:	COMPANY NAME:
CONTACT NAME:	CONTACT NAME:	CONTACT NAME:
ADDRESS:	ADDRESS:	ADDRESS:
PHONE:	PHONE:	PHONE:

We (I) agree to pay for the goods and or services noted above and for all goods and services heretofore or hereafter purchased or ordered from you together with interest at the rate of 18% per annum of such interest as is allowed by applicable law from the date until paid, and attorney's fees at 33-1/3% of principal and interest of \$250, whichever is greater, if placed in the hands of an attorney for collection. All statements made herein are true and accurate to the best of our knowledge. We authorize the above company to make any and all inquiries necessary for action on this credit application. We hereby indemnify the above company and its agents from any liability resulting from credit survey. This undersigned hereby personally guarantees payment of this account. TERMS: 30 DAYS FROM INVOICE DATE

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

## UNIFORM SALES & USE TAX CERTIFICATE—MULTIJURISDICTION

The below-listed states have indicated that this form of certificate is acceptable, subject to the notes on pages 2-4. The issuer and the recipient have the responsibility of determining the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: \_\_\_\_\_

Address: \_\_\_\_\_

I certify that:

Name of Firm (Buyer): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

is engaged as a registered

Wholesaler

Retailer

Manufacturer

Seller (California)

Lessor (see notes on pages 2-4)

Other (Specify) \_\_\_\_\_

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product or service<sup>1</sup> to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

Description of Business: \_\_\_\_\_

General description of tangible property or taxable services to be purchased from the seller: \_\_\_\_\_

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AL <sup>1</sup>	_____	MO <sup>16</sup>	_____
AR	_____	NE <sup>17</sup>	_____
AZ <sup>2</sup>	_____	NV	_____
CA <sup>3</sup>	_____	NJ	_____
CO <sup>4</sup>	_____	NM <sup>4,18</sup>	_____
CT <sup>5</sup>	_____	NC <sup>19</sup>	_____
DC <sup>6</sup>	_____	ND	_____
FL <sup>7</sup>	_____	OH <sup>20</sup>	_____
GA <sup>8</sup>	_____	OK <sup>21</sup>	_____
HI <sup>4,9</sup>	_____	PA <sup>22</sup>	_____
ID	_____	RI <sup>23</sup>	_____
IL <sup>4,10</sup>	_____	SC	_____
IA	_____	SD <sup>24</sup>	_____
KS	_____	TN	_____
KY <sup>11</sup>	_____	TX <sup>25</sup>	_____
ME <sup>12</sup>	_____	UT	_____
MD <sup>13</sup>	_____	VT	_____
MI <sup>14</sup>	_____	WA <sup>26</sup>	_____
MN <sup>15</sup>	_____	WI <sup>27</sup>	_____

I further certify that if any property or service so purchased tax free is used or consumed by the firm as to make it subject to a Sales or use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be a part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: \_\_\_\_\_  
(Owner, Partner or Corporate Officer)

Title: \_\_\_\_\_

Date: \_\_\_\_\_