



3061 Aukele Street, Lihue, Kauai HI 96766
Phone: 808-246-1000 Fax: 808-246-1155
Toll Free: 888-246-8665
Hours: 7:00 a.m. to 4:30 p.m. Mon-Fri
8:00 a.m. to 12:00 noon Saturday

CREDIT APPLICATION

Company Name [ ] Corporation [ ] Partnership [ ] Proprietorship

Federal I.D or S.S. # Date Incorporated in State of

Mailing Address

Street Address Years there [ ]

Describe what your company does (contracting, services, products sold, etc.)

Office Telephone Fax email

LICENSE NUMBERS

Contractor License # Class Licensed in the state of

Hawaii Excise Tax # W- Sales Tax # State

BANK REFERENCES:

Bank Name Acct Name Acct #

Bank Name Acct Name Acct #

OPEN ACCOUNT REFERENCES

1. Name Address

Acct # Phone Fax

2. Name Address

Acct # Phone Fax

3. Name Address

Acct # Phone Fax

Has Applicant declared bankruptcy within the last 10 years? [ ] Yes [ ] No If Yes, attach a separate sheet listing creditors and amounts owed.

MANAGER OF ACCTS PAYABLE: Phone

Fax email

Mail bills to (address)

Names of those authorized to charge on this account

BILLING INSTRUCTIONS Please tell us what information you require on your invoices. Check all that apply:

[ ] P.O. # [ ] Job # [ ] Job Name [ ] Other-explain:

OWNERS/OFFICERS

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_

*Home Address* \_\_\_\_\_ *City/State/Zip* \_\_\_\_\_

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_

*Home Address* \_\_\_\_\_ *City/State/Zip* \_\_\_\_\_

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_

*Home Address* \_\_\_\_\_ *City/State/Zip* \_\_\_\_\_

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_

*Home Address* \_\_\_\_\_ *City/State/Zip* \_\_\_\_\_

**ACCOUNTS ARE PAYABLE 30 DAYS FROM THE INVOICE DATE.** Accounts are subject to a 1.5% per month service charge on outstanding balances unpaid within 30 days of the invoice date.

**THE UNDERSIGNED AGREES** to pay all expenses, including attorney's fees and costs, incurred by TOOLMASTER HAWAII, INC. to collect unpaid or delinquent charges.

**THE UNDERSIGNED HEREBY AUTHORIZES** Toolmaster Hawaii, Inc., or its representative(s) to make inquiry regarding my present and past credit history for the purpose of establishing an open credit account with Toolmaster Hawaii, Inc. Toolmaster Hawaii, Inc. may use such information and re-disclose such information for the stated purpose.

**THIS AGREEMENT SHALL** become a valid and binding contract when executed by the purchaser/applicant and approved by an officer of the company. No employee or agent shall have the authority to waive any clause or condition of this agreement.

\_\_\_\_\_  
Dated

\_\_\_\_\_  
City and State

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Signature and Title

TOOLMASTER HAWAII, INC. \_\_\_\_\_

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Dated Signed & Approved

*\*\*\*Applications must be signed by an owner/officer of the company – bookkeeper signature not valid.\*\*\**