



Po Box 1008
Ellenton FL 34222
800-795-9184 phone / fax

NEW ACCOUNT APPLICATION & INFORMATION

DATE OF APPLICATION _____

Please furnish the following information so that we may set up an official terms account for you at Machine Parts Toolbox. Please print or type on this form and send it back to: Attention – CREDIT DEPARTMENT via E-mail @ partsmaster@partstoolbox.com or fax @ 800-795-9184

Machine Parts Toolbox --- Terms provided are net 10 days – Checks Payable to “PARTS TOOLBOX”

Company Name: _____

Bill to Address: _____

Ship to Address: _____

Phone # _____ Fax # _____

Accounts Payable Contact: _____

Phone # _____ Fax # _____

E-mail Address: _____

Purchasing Contact: _____

Phone # _____ Fax # _____

E-mail Address: _____

General Information: Requested Line of Credit _____

Estimated Monthly Purchases _____

Sales Taxable: yes _____ no _____ If **NO**, please send appropriate exemption certificate

FED ID # or EIN # _____ with attached W-9 Form



Po Box 1008
Ellenton FL 34222
800-795-9184 phone / fax

Bank References:

Bank Name: _____

Bank Address: _____

Phone # _____ Fax # _____

Account # _____

Contact Name: _____

Trade References: * You may attach your own form and or information

Trade Name: _____

Trade Address: _____

Phone # _____ Fax # _____

Contact Name: _____ Account # _____

Trade Name: _____

Trade Address: _____

Phone # _____ Fax # _____

Contact Name: _____ Account # _____

Trade Name: _____

Trade Address: _____

Phone # _____ Fax # _____

Contact Name: _____ Account # _____



Po Box 1008
Ellenton FL 34222
800-795-9184 phone / fax

All invoices will be emailed to all necessary individuals.

Please provide the name and email of the person or persons.

Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

Your signature below is authorization for your bank references and credit information to be released to Machine Parts Toolbox and associated companies. The new account applicant acknowledges and understands that the information and representations made are herein are for the purposes to inducing Machine Parts Toolbox to accept their new account and, where appropriate, extend credit to them. The new account applicant certifies that all information provided herein is accurate and complete. If any information is found to be inaccurate or incomplete, that Machine Parts Toolbox reserves the right to cease credit and /or terminate the account.

In addition they understand and agree that in the event that any goods are delivered and accepted, that failing to notify Machine Parts Toolbox, in writing, of any deficiency in those goods, and said applicant fails to pay for the goods delivered and accepted, that in the event that legal action is necessary to recover payment by Machine Parts Toolbox, that the applicant will be responsible for all legal fees and costs.

Signature of Authorized Person _____

Please print Name and Title of Authorized

Person _____ Title _____ Date _____

- All payments are to be made payable to: **Parts Toolbox**
Po Box 1008
Ellenton FL 34222