

**BTI Inc. (Better Tools For Industry)**

**www.bti-tool.com**

**Application for Credit**

**FAX to (619) 562-0592**

Email Address \_\_\_\_\_

Business Name \_\_\_\_\_ # Years \_\_\_\_\_

Billing Address \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

Shipping Address \_\_\_\_\_

Ownership: Ind. \_\_\_\_\_ Partnership \_\_\_\_\_ Corp \_\_\_\_\_ State Incorp \_\_\_\_\_

Tax ID # \_\_\_\_\_ Type of business \_\_\_\_\_

Authorized Buyers: \_\_\_\_\_

Note: It is your responsibility to keep this list current

Is a Purchase Order required? \_\_\_\_\_

Your Bank \_\_\_\_\_ # Years \_\_\_\_\_

Account # \_\_\_\_\_

Fax # of Bank Credit Department \_\_\_\_\_

The above is **required** as most banks will not rate via telephone.

**Terms:**

Payments are due In Our Office within 30 days of Date of Invoice.  
Accounts not kept current will be placed on COD without notice.  
\$25.00 charge for checks returned by your bank for any reason. In  
consideration of extension of credit I/we agree to pay a 5% late fee plus  
18% per annum on any amount not received within 25 days of date of  
the invoice.

I agree to pay reasonable attorney's fees if it becomes necessary to  
retain legal counsel in order to aid or enforce collection of any and all  
sums due and owing at the time that such a request to legal counsel is  
made.

(If applicable - As an individual applicant or partner in the applicant  
business I, personally guarantee the payment for any goods or services  
purchased by the applicant from BTI Inc. under the terms of this  
agreement.)

For purposes of obtaining credit from BTI Inc. I authorize my  
bank(s) listed above to release rating information to BTI Inc..

Date \_\_\_\_\_ Signature \_\_\_\_\_

Application must be signed by Corporate Officer, Owner or partner.

Print Name \_\_\_\_\_ Title \_\_\_\_\_

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### BTI Inc. Application for Credit

Your Business Name \_\_\_\_\_

Trade Suppliers

1. Name \_\_\_\_\_ FAX # \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

2. Name \_\_\_\_\_ FAX# \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

3. Name \_\_\_\_\_ FAX# \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

4. Name \_\_\_\_\_ FAX# \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

5. Name \_\_\_\_\_ FAX \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax this form to: **(619) 562 0592**

BTI Inc.  
9535 Pathway St  
Santee, Ca 92071

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email: [handtool.sales@bti-tool.com](mailto:handtool.sales@bti-tool.com)