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## CREDIT APPLICATION

Business Name : \_\_\_\_\_  
Business Address : \_\_\_\_\_  
City : \_\_\_\_\_ State : \_\_\_\_\_ Zip Code : \_\_\_\_\_  
Phone No. : \_\_\_\_\_ Fax No : \_\_\_\_\_

EMAIL ADDRESS (Required for online ordering): \_\_\_\_\_  
Web Address: \_\_\_\_\_

**Ownership:** Corporation Partnership Proprietorship TaxID: \_\_\_\_\_

**Tax Status** Taxable Non-Taxable Certificate# : \_\_\_\_\_

**Informational** Number of Employees : \_\_\_\_\_ Years In Business: \_\_\_\_\_  
Type of Business : \_\_\_\_\_

(Please list all your branches on a separate sheet.)

### Principal Owner(s) and Stockholder(s) are:

- Name : \_\_\_\_\_ Title : \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Email Address : \_\_\_\_\_ Phone : \_\_\_\_\_
- Name : \_\_\_\_\_ Title : \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Email Address : \_\_\_\_\_ Phone : \_\_\_\_\_
- Name : \_\_\_\_\_ Title : \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Email Address : \_\_\_\_\_ Phone : \_\_\_\_\_

### Trade References:

Name	Address, City, State, Zip	Email Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

#### Credit Terms: **NET 30 Days**

Invoices are due 30 days from invoice date. Please sign below if you agree to abide by our terms of sale.  
A service charge of 1 ½ % per month will be charged to all late invoices.

The undersigned, representing: \_\_\_\_\_ states the above information is correct.

Print Name

Signature

Title

Date