



Screw Products  
 ATTN: Credit Department  
 8770 West Bryn Mawr Ave, Suite 900  
 Chicago, IL 60631

Fax: (888) 770 - 7730  
 Credit Direct Dial: (800) 323 - 5279

**CREDIT APPLICATION**

**CONFIDENTIAL ACCOUNT AGREEMENT**

*For the purpose of obtaining merchandise/equipment/services from Screw Products (seller), the following statements in writing are made knowing that the seller is relying upon same should credit be extended. It is further understood that the information supplied is confidential and shall be regarded as continuous until another is substituted for it, and the firm listed below agrees to inform seller of any material change in their financial status.*

**CUSTOMER**

Complete Legal Name \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

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

Annual Sales \_\_\_\_\_

In Business Since \_\_\_\_\_

Number of Employees \_\_\_\_\_

Amt. of Credit Req \_\_\_\_\_

BUSINESS STRUCTURE

Corporation - Publicly Held  
 Partnership - Limited

Corporation - Closely Held  
 Sole Proprietorship

Partnership - General

If a Division or Subsidiary, name of parent corp: \_\_\_\_\_

If incorporated, date of incorporation: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_

LICENSING INFORMATION

Federal Tax Number \_\_\_\_\_

Resale Number \_\_\_\_\_

Please Fax Valid Certificate to: (800) 942 - 5260 or Email Tax.Administration@lawsonproducts.com

BANK REFERENCE

Name \_\_\_\_\_

Phone \_\_\_\_\_

Number \_\_\_\_\_

Checking \_\_\_\_\_

Savings \_\_\_\_\_

Acct. No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

Loan \_\_\_\_\_

Business \_\_\_\_\_

Secured \_\_\_\_\_

Balance \_\_\_\_\_

Personal \_\_\_\_\_

By: \_\_\_\_\_

TRADE REFERENCES

1 Firm Name: \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

1 Firm Name: \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

COMPANY PRINCIPALS

Name \_\_\_\_\_

% of Ownership \_\_\_\_\_

In Company \_\_\_\_\_

Position \_\_\_\_\_

Soc. Sec # if partnership \_\_\_\_\_

or proprietorship \_\_\_\_\_

**TERMS OF PAYMENT**

*Terms for Screw Products, a brand of Lawson Products, NET 30 DAYS OF INVOICE. Should this account fall past due and it becomes necessary to employ the services of an agency or attorney to effect collection, the balance due plus collection, attorney and litigation costs will become the responsibility of the above named customer. The undersigned, jointly and individually, certify that all information in this credit application is complete, factual and correct and understand that the seller will rely on the accuracy of this information for any credit that may be extended. Seller is hereby authorized to contact any parties listed herein and to verify any information contained in this application. The undersigned waives any privacy of credit information rights or regulations. The undersigned agrees to assume personal liability for all obligations of said customer to seller. The undersigned hereby acknowledges receipt of a copy of this credit application.*

I have read and agree to the terms and conditions of this agreement.

Authorized

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_