



Carbide Cutting Tools

Date \_\_\_\_\_

### Application And Credit Agreement

Business Name \_\_\_\_\_ Shipping Address Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Billing Address Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Tooling Contact \_\_\_\_\_  
County \_\_\_\_\_  
Telephone # ( ) \_\_\_\_\_ - \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Fax # ( ) \_\_\_\_\_ - \_\_\_\_\_ Accounts Payable Contact \_\_\_\_\_

Nature Of Business \_\_\_\_\_ Date Established \_\_\_\_\_  
Number Of Employees \_\_\_\_\_ Ownership Incorporated  Partnership  Individual   
President \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_  
Vice President \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_  
Secretary \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_

Trade References *Please provide three references of suppliers of major products*

Name	Address	Telephone #
1	_____	_____
2	_____	_____
3	_____	_____

Bank Reference	Account #	Telephone #
_____	_____	_____

**Guarantee of payment** I/We are financially able to meet any commitments we may make and we expect to pay Dinosaw Inc. Invoices according to terms. I/We understand that all purchases made during a month will be due net 30 days from the date purchase. In the event the account is not paid by the end of the month following purchase, a 1-1/2% finance charge on the unpaid balance will be added each month until the account is paid in full. An account deemed to be in arrears by our accounts receivable supervisor may be placed with a collection agency and any collection costs incurred to collect the amount balance including reasonable attorney's fees will be paid by the applicant. I/We understand that in the event that our account is in arrears, Dinosaw will have a lien upon any of our tools in the possession of Dinosaw, and may retain possession of such tools until payment is made in full, or may enforce its lien in accordance with New York State Law. The undersigned submits the above information as true and correct and authorizes Dinosaw, Inc. approval to investigate the references provided.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Title \_\_\_\_\_  
Approximate Monthly credit desired \_\_\_\_\_

Dinosaw Inc.  
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Hudson, New York 12534  
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Fax 518-828-6610  
Email info@dinosaw.com