



## CREDIT APPLICATION

Thank you for your inquiry regarding application for credit terms with Infinity Fasteners, Inc.

### **PLEASE NOTE THE FOLLOWING INFORMATION:**

**Section 1 and Section 4** must be completed and signed where indicated by an authorized representative of your company. All information requested on the credit application must be provided.

**Section 2:** We will accept your Trade and Banking References on a company letterhead in place of this information being written on our application form. Please provide (4) trade references and your bank account number with your banking reference.

Trade references must be from Vendors/Suppliers you are currently doing business with that provide product. **We do not accept references from Utilities, Temp Agencies, Janitorial Services, Legal Advisors, Computer Services, Freight Carriers or similar services.**

**Section 3:** Sales tax exemption information. Please read carefully.

**Section 4: Statement** of Terms. Please do not alter wording. Infinity Fasteners, Inc Terms and Conditions supersede all others set by customer.

Credit applications will be processed in three to five (3-5) business days provided trade and banking references respond in a timely manner.

Orders that are needed before credit process is completed will be shipped on a C.O.D. basis or may be charged to Visa, Mastercard or American Express.

If you have any questions please call 913-438-2252

# CREDIT APPLICATION

**SECTION 1** IN ORDER FOR THIS APPLICATION TO BE PROCESSED, ALL INFORMATION REQUESTED ON BOTH SIDES MUST BE SUPPLIED AND FORM SIGNED AND DATED.

DATE: \_\_\_\_\_ D & B DUNS #: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ YEARS IN BUSINESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ \*COUNTY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

\*(CA, KS, MO, OH, NE - CUSTOMERS MUST PROVIDE COUNTY NAME)

SHIP TO ADDRESS: \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT: \_\_\_\_\_

A/P TEL NUMBER & EXT: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

PURCHASE ORDER REQUIRED?: \_\_\_\_\_ VERBAL ORDERS ALLOWED?: \_\_\_\_\_

SEND INVOICES VIA: E-MAIL ADDRESS \_\_\_\_\_ FAX # \_\_\_\_\_ Mail \_\_\_\_\_  
(Select One)

## SECTION 2 TRADE AND BANK REFERENCES:

COMPANY: \_\_\_\_\_ TEL#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FAX#: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

COMPANY: \_\_\_\_\_ TEL#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FAX#: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

COMPANY: \_\_\_\_\_ TEL#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FAX#: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

COMPANY: \_\_\_\_\_ TEL#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FAX#: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME OF BANK \_\_\_\_\_ ACCT#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TEL#: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

PERSON TO CONTACT: \_\_\_\_\_

**CREDIT APPLICATION Cont....**

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**SECTION 3 SALES TAX EXEMPTION INFORMATION IMPORTANT – PLEASE READ**

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**PLEASE CHECK ONE: TAXABLE TAX EXEMPT**

We collect sales tax from the states of California, Kansas, Missouri, Ohio, and Nebraska (CA, KS, MO, OH, NE) only. Tax is based on where product is shipped to. The rate is calculated on the current City, County and State tax rate of the location product is shipped to.

Please indicate the County for both your Billing and Ship To addresses.

**\*\*WARNING: EXEMPTION CERTIFICATES ARE REQUIRED IF YOUR COMPANY IS TAX EXEMPT. AN EXEMPTION NUMBER PRINTED ON A COMPANY LETTERHEAD IS NOT ACCEPTED BY THE U.S. GOVERNMENT AS VALID.**

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**SECTION 4 STATEMENT OF TERMS**

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TERMS: NET 30 DAYS 45 DAYS CREDIT CHECK 60 DAYS CREDIT HOLD

Applicant's signature attests financial responsibility, ability and willingness of your company to pay Infinity Fasteners, Inc. invoices in accordance with Infinity Fasteners, Inc. terms and conditions and acknowledges said terms and conditions supersedes all others terms and conditions set by the customer. Collection fees, reasonable attorney fees and court costs will be added to delinquent accounts requiring any collection or legal action.

**The Signature of a Company Officer, or an Authorized Representative of the Company, is required.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ COMPANY: \_\_\_\_\_  
(Required to open account)

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

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PLEASE FAX/E-MAIL APPLICATION TO: FAX#: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
ATTN: \_\_\_\_\_

OR MAIL TO:

INFINITY FASTENERS, INC  
11028 STRANG LINE RD  
LENEXA, KS 66215

INFINITY FASTENERS, INC  
4057 W SHAW AVE. #104  
FRESNO, CA 93722

INFINITY FASTENERS, INC  
291 FOX DRIVE  
PIQUA, OH 45356

INFINITY FASTENERS, INC  
10912 JOHN GALT BLVD  
OMAHA, NE 68137

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FOR INTERNAL USE ONLY:

GROUP: \_\_\_\_\_ INDUSTRY: \_\_\_\_\_ SALESPERSON: \_\_\_\_\_  
CUST CODE: \_\_\_\_\_ TERMS: \_\_\_\_\_ LIMIT: \_\_\_\_\_  
INPECTED: \_\_\_\_\_ DATE: \_\_\_\_\_

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