

American General Tools

APPLICATION FOR CREDIT

2750 Auto Park Way • Escondido, CA 92029

Ph: (760) 745-7993 • Fax: (760) 480-0411

To avoid any delay in processing, complete in full. All information will be held in confidence

Company Name _____ **Phone** _____

Business Address _____ **Fax** _____

Billing Address _____ **City** _____ **State** _____ **Zip** _____

Type of Business _____ **No. of years in Business** _____
() Individual () Corporation

Owner or Officer's Name _____ **Title** _____

Tax Payer Identification Number _____ **E-Mail Address** _____

BANK REFERENCE :

Bank Name _____ **Branch** _____

City _____ **State** _____ **Phone** _____

Checking Account Number _____

BUSINESS CREDIT REFERENCES : (use additional sheets as necessary)

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Print name : _____ **Title :** _____

Signed : _____ **Date :** _____

Please include a copy of your RESALE certificate

Information below for AGT use only

Approved Declined Initials **Credit Limit** _____

Notes: _____