

# Chip's Tool and Machine Works

## Application for Open Account (New Customer)

### Accounts Payable- Contact Information

Contact Name: First: \_\_\_\_\_ Last: \_\_\_\_\_  
Title/Position: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
E-mail: \_\_\_\_\_

### Company Information

Address 1: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
Zip/Postal Code: \_\_\_\_\_ Billing Country: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Type (circle one): Business Home Mobile Other  
Alternate Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Type (circle one): Business Home Mobile Other  
Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_  
Web Site URL: \_\_\_\_\_

### Name of Bank or Financial Institution

Account # \_\_\_\_\_  
Contact Name: First: \_\_\_\_\_ Last: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
Zip/Postal Code: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Approximate Yearly Sales: \_\_\_\_\_

### Trade References:

Contact Name: First: \_\_\_\_\_ Last: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
Zip/Postal Code: \_\_\_\_\_ Account # \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Contact Name: First: \_\_\_\_\_ Last: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
Zip/Postal Code: \_\_\_\_\_ Account # \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Contact Name: First: \_\_\_\_\_ Last: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
Zip/Postal Code: \_\_\_\_\_ Account # \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

The signature below confirms all information above is correct and your company agrees to the terms for payment with Chip's Tool and Machine Works are Net 30. Please send us a copy of your W-9, CRT-61, and any tax exempt information required. If approved as open account a confirmation letter will be sent following the processing of your application. Please scan and email to [info@chipstoolandmachine.com](mailto:info@chipstoolandmachine.com).

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_