



CREDIT APPLICATION AND AGREEMENT

APPLICANT INFORMATION:

Legal Business Name: _____
(List all Trade Names, DBA's, Divisions or Subsidiaries)

Street Address: _____ City: _____ State: _____ Zip: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Main Phone: _____ Fax: _____ Accts Payable eMail: _____

Would you like Invoices & Statements eMailed? ☐ Yes ☐ No If YES enter eMail Address _____
If NO enter FAX Number _____

Ship to Address: _____

Estimated Annual Sales: \$ _____ Contact Person/Title for Account: _____

Amount of Credit Requested: \$ _____ Type of Business: _____ Yrs in Business: _____

Initial Order Estimate: \$ _____

Estimated Yearly Sales Volume: 1st Yr: _____ 2nd Yr: _____ 3rd Yr: _____

BUSINESS INFORMATION:

☐ Sole Proprietorship ☐ Partnership ☐ Corporation/LLC Federal Tax ID: _____

Owner: _____ SS# (DNI): _____

Partner: _____ SS# (DNI): _____

Partner: _____ SS# (DNI): _____

President: _____ Vice President: _____

Secretary: _____ Treasurer: _____

Are You Exempt from Sales Tax? ☐ Yes ☐ No (If YES, enclose signed certificate or copy)

BANKING INFORMATION:

Bank #1 Name: _____ Branch: _____ Phone #: _____ Acct #: _____

Address: _____ City: _____ State: _____ Zip: _____

Officer Contact: _____ Phone: _____ eMail: _____

Bank #2 Name: _____ Branch: _____ Phone #: _____ Acct #: _____

Address: _____ City: _____ State: _____ Zip: _____

Officer Contact: _____ Phone: _____ eMail: _____

I hereby authorize bank(s) named above to release information requested for the purpose of obtaining and/or reviewing credit.

TRADE REFERENCES:

Name of Company #1 _____

Name of Company #2 _____

Contact Person _____

Contact Person _____

Address _____

Address _____

Phone & Fax # _____

Phone & Fax # _____

eMail Address _____

eMail Address _____

Name of Company #3 _____

Name of Company #4 _____

Contact Person _____

Contact Person _____

Address _____

Address _____

Phone & Fax # _____

Phone & Fax # _____

eMail Address _____

eMail Address _____

CHANGE OF OWNERSHIP: I/We understand that we must notify Toku America, Inc. / Striker Hydraulic Breakers in writing of any change in ownership, the name of the business or structure of the business under which credit is established.

I/We authorize you to verify this information and/or obtain additional information by securing data from a credit reporting agency.

I/We understand that your normal billing terms are Net 30 days from the date of invoice and all past due balances will be subject to a 1 1/2% per month service charge. Open orders may be held in the event our existing credit limit is exceeded or in the event I/We fail to pay invoices within terms. Should I/We exceed our/my credit limit or this account becomes past due, I/We understand that Toku America Inc. / Striker Hydraulic Breakers has the right to refuse or cancel any orders until the account is satisfied in full. I/We also understand that Toku America Inc. / Striker Hydraulic Breakers has the right, to take any necessary steps to collect this account.

In the event of default and this account is turned over to an agency and/or attorney for collection, the undersigned agrees to pay all reasonable attorney fees, and/or costs of collection whether or not suit is filed.

I/We certify that the above information is true and correct and we agree to pay this account in accordance with your credit terms.

Signature _____

Date _____

Print Name _____

Title _____

PLEASE EXECUTE THIS CREDIT APPLICATION & AGREEMENT, INCLUDE THE LAST 3 YEARS OF AUDITED FINANCIAL STATEMENTS AND RETURN TO:

TOKU AMERICA, INC. / STRIKER HYDRAULIC BREAKERS
3900 BEN HUR AVENUE – UNIT #3
WILLOUGHBY, OH 44094
ATTN: CONTROLLER

OR FAX TO: 440-954-9929

For Office Use Only:

Salesman's Comments _____

Approved Credit Limit: _____

Account # _____

Approval:

President: _____

VP Sales: _____

Controller: _____

Date: _____

3900 Ben Hur Avenue - Willoughby, OH 44094 - Tel 440.954.9923 - Fax 440.954.9929 - Toll Free 877.954.9923

AUTHORIZATION TO RELEASE CREDIT INFORMATION

Thank you for your recent interest in establishing an account with Toku America, Inc. / Striker Hydraulic Breakers.

Please sign the authorization below to release credit information and complete the enclosed form. Then submit it to us with our Credit Application.

We will contact your credit and bank references and then contact you regarding your account with Toku America, Inc.

Sincerely,

Christopher J. Baruffa

Controller



by Toku America, Inc.

3900 Ben Hur Avenue – Unit #3

Willoughby, OH 44094

Tel 440-954-9923

Fax 440-954-9929

Toll Free 877-954-9923

Email cbaruffa@toku-america.com

I _____, recently applied for credit with Toku America, Inc. I have been requested to provide information concerning my credit history. Therefore, I authorize the investigation of my credit information.

Your release of my credit information is authorized whether such information is of record or not. I release you and all persons, agencies, agents, employees, firms, companies, or parties affiliated with you from any damages resulting from providing such information.

This authorization is valid for thirty (30) days from the date of my signature below. Please keep a copy of my release request for your files.

Thank you in advance for your cooperation.

Signature: _____

Date: _____

Print Name: _____

Title: _____

Company Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

Fax: _____