



NEW CUSTOMER CREDIT INFORMATION SHEET

Company Name _____

Billing Address _____

Phone Number(s) _____ Toll Free _____

Fax Number _____ Website Address _____

Main Contact Name _____

Title _____

Email Address _____

Primary Activity Traditional Dist. _____ Integrated Supplier _____

OEM-Machine Tool Builder _____ Other (Please specify) _____

Top 5 Cutting Tool Lines _____

We require at least 3 current trade references

Company Name _____

Phone Number _____

Fax Number _____

Company Name _____

Phone Number _____

Fax Number _____

Company Name _____

Phone Number _____

Fax Number _____

Company Name _____

Phone Number _____

Fax Number _____

Please provide a separate listing of all branch facilities