Carbide and Supply
A QUALITY TOOLS & SERVICES, LLC COMPANY

16051 Lamonte Drive Hammond, LA 70403
PH: 800-621-3891

CAS Salesman

Customer Set-up/Credit Application

Account Name:		Phone Number:		Fax Number:	
Bill to Address:	City:	State:	Parish/County:		Zip Code:
Shipping Address:		Purchasing Agents Email:			

Resale Tax Number: (Please send copy of exemption certificate)			Expires:	
Federal ID#:	Tax Rate: %	Taxable: ☐Yes ☐No	Taxing Jurisdiction:	
Accounts Payable Contact:	Accounts Payable Email:		How would you like to receive invoices? ☐E-mail ☐Fax	

Note: **Everything above this line is for _C.O.D._ customer setup only.**
Please fill out information below and _SIGN_ form in order to establish a charge account.

BANK REFERENCES

Bank Name:		Contact:		Account Number:	
Address:	City:		State:	Zip Code:	
Telephone:		Fax:			

TRADE REFERENCES (*Please complete all information*)

1) Name:	Contact:	Account #:
Address:	Ph:	Email:

2) Name:	Contact:	Account #:
Address:	Ph:	Email:

3) Name:	Contact:	Account #:
Address:	Ph:	Email:

THE ABOVE INFORMATION IS FURNISHED FOR THE PURPOSE OF OBTAINING COMMERCIAL CREDIT, AND IS TRUE AND CORRECT AS STATED. IT IS AGREED THAT ALL INVOICES WILL BE PAID IN ACCORDANCE WITH THE STATED TERMS OF THE SALE. (NET 30) ACCOUNTS PAST DUE BY 30 DAYS OR MORE MAY BE PLACED ON COD UNTIL ACCOUNT BECOMES CURRENT. BALANCES UNPAID BEYOND 60 DAYS WILL BE SUBJECT TO A SERVICE CHARGE OF 1.5% PER MONTH. SALES TAX WILL BE CHARGED ACCORDING TO THE INFORMATION PROVIDED ABOVE. QTS WILL NOT BE RESPONSIBLE FOR INCORRECT SALES TAX CHARGED ON INVOICES. I UNDERSTAND AND AGREE THAT SHOULD IT BECOME NECESSARY TO PLACE THIS ACCOUNT FOR COLLECTION THAT I AGREE TO OBLIGATE MY COMPANY AND MYSELF PERSONALLY TO PAY THE ENTIRE AMOUNT DUE, INCLUDING SERVICE CHARGES, INTEREST FROM DUE DATE, AND ALL COLLECTION AND/OR ATTORNEY FEES, INCLUDING COURT COSTS.

Print:_____

Sign:_____ Title:_____ Date:_____

Return completed form via email to: accounting@qtstools.com