

### Company Information

<b>Company Name</b>			
<b>Street Address / PO Box</b>		<b>City, State</b>	<b>Zip Code</b>
<b>Phone Number</b>	<b>Fax Number</b>	<b>Company Website</b>	
<b>Year of Establishment</b>	<b>Tax Exempt Number</b>	<b>Major Line of Business</b>	<b>Net Worth (Month/Year)</b>
<b>Desired Credit Line</b>	<b>Amount of First Order</b>	<b>Potential Volume</b>	<b>Statement required?</b>
<b>Type of business (identify with an X)</b>			
<input type="checkbox"/> C Corp	<input type="checkbox"/> S Corp	<input type="checkbox"/> LLC	<input type="checkbox"/> Partnership
<input type="checkbox"/> Sole Proprietorship			
<b>Is your company a subsidiary or division of another company? (Y/N), if yes, please identify the parent company.</b>			

<b>Payer – Location where monthly statements should be mailed.</b>		
<b>Street Address / PO Box</b>	<b>City, State</b>	<b>Zip Code</b>
<b>Phone Number</b>	<b>Fax Number</b>	<b>Company Website</b>
<b>Bill To – Location where invoices should be mailed. If same, write "SAME" below.</b>		<b>Account Number</b>
<b>Street Address / PO Box</b>	<b>City, State</b>	<b>Zip Code</b>
<b>Sold To – Location where Purchase Orders are processed. If same, write "SAME" below.</b>		<b>Account Number</b>
<b>Street Address</b>	<b>City, State</b>	<b>Zip Code</b>
<b>Ship To – Location where Merchandise is Delivered. If same, write "SAME" below.</b>		<b>Account Number</b>
<b>Street Address</b>	<b>City, State</b>	<b>Zip Code</b>

### TAX EXEMPTION (Identify with one X)

<b>Tax Exemption Number</b>			
<b>Type of Business (Please identify with one X)</b>			
<input type="checkbox"/>	1	Resale (Not Taxable)	<input type="checkbox"/>
<input type="checkbox"/>	2	Government Agencies	<input type="checkbox"/>
<input type="checkbox"/>	3	State/Municipal Ag.	<input type="checkbox"/>
<input type="checkbox"/>	4	Exempt Organizations	<input type="checkbox"/>
<input type="checkbox"/>	5	Manufacturers	<input type="checkbox"/>
<input type="checkbox"/>	6	Direct Pay	<input type="checkbox"/>
<input type="checkbox"/>	7	Affiliates	<input type="checkbox"/>
<input type="checkbox"/>	8	Enterprise Zone	<input type="checkbox"/>
<input type="checkbox"/>	A	Residential Customer	<input type="checkbox"/>
<input type="checkbox"/>	B	Other (Taxable)	<input type="checkbox"/>

### Contact Information

<b>President / Owner</b>	<b>Phone Number</b>	<b>Fax Number</b>	<b>Email Address</b>
<b>Accounts Payable</b>	<b>Phone Number</b>	<b>Fax Number</b>	<b>Email Address</b>
<b>Buyer</b>	<b>Phone Number</b>	<b>Fax Number</b>	<b>Email Address</b>

### Bank Reference

<b>Bank Information:</b> The undersigned hereby authorizes the release of information to Stanley Black & Decker from the institution listed below			
<b>Bank Name:</b>			
<b>Account Number</b>			
<b>Street Address</b>		<b>City, State</b>	<b>Zip Code</b>
<b>Phone Number</b>	<b>Fax Number</b>	<b>Officer Name</b>	

### Trade References

<b>Company</b>	<b>A/R Contact</b>	<b>Account Number</b>	<b>Phone Number</b>
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### Required Attachments

- VOIDED CHECK** in order to record your MICR number
- Copy of your **BALANCE SHEET, INCOME STATEMENT, and CASH FLOW STATEMENT** for the last two fiscal year and interim year-to-date statements **(required for ALL credit lines over \$10K).**
- Tax Exempt Certificate.**

The undersigned hereby agree to the release of all credit background information. (This application must be signed by an officer of the company or an authorized employee. Unsigned applications will be returned.)

<b>Signature</b>	<b>Print Name</b>	<b>Title</b>	<b>Date</b>

### PERSONAL GUARANTEE

As an inducement for Stanley Black & Decker to sell goods to the Company requesting credit, the undersigned agrees to guarantee the payment of all amounts due to Stanley Black & Decker from the Company (including attorney's fees and costs of collection and all interest charges and other amounts that Stanley Black & Decker may lawfully charge against the Company in connection herewith), upon demand by Stanley Black & Decker in writing to the undersigned, at the address set forth below.

Guarantor 1:

By: \_\_\_\_\_

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date: \_\_\_\_\_

Guarantor 2:

By: \_\_\_\_\_

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date: \_\_\_\_\_