

APPLICATION AND AGREEMENT FOR OPEN ACCOUNT



MAIL OR FAX COMPLETED FORM TO : **ENCO TOOLS & EQUIPMENTS**
Bal Vinayak Compound, Gamdevi Road, Bhandup (West), Mumbai- 400 078. INDIA
 Fax No : (022) 2595 1887 Email : sales@encotools.in • info@encotools.in

Account # : _____

BILLING INFORMATION (Terms Net 30 days from date of Invoice)

Company Name : _____
 Legal Name if different : _____
 Attn. : _____
 Title : _____
 Street Address : _____
 City, State, Pin : _____
 Main Tel # _____ A/P Tel. # _____
 Fax # _____ A/P Tel. # _____
 E-mail address : _____
 Are you listed with CRISIL D & B-India If yes, provide D & B Duns # _____
 CRISIL NO. _____ Company Regn. No. : _____

SHIPPING INFORMATION (if different from Billing)

Company Name : _____
 Attn. : _____
 Title : _____
 Address : _____
 City, State, Pin : _____
 Tel # _____
 Fax # _____
 (A = Accounts Tel. # & P = Purchase Tel. #)

CORPORATE INFORMATION

President _____ State in which you incorporated _____
 Vice President _____ Country in which you incorporated _____
 Controller / CEO _____ # of Employees _____
 Accounts / Purchase Manager _____ Years established _____

TRADE / CREDIT REFERENCES

Company Name : _____	Company Name : _____	Company Name : _____
Address : _____	Address : _____	Address : _____
Phone # _____	Phone # _____	Phone # _____
Fax # _____	Fax # _____	Fax # _____
Contact Name : _____	Contact Name : _____	Contact Name : _____
Account # _____	Account # _____	Account # _____

PURCHASING INFORMATION

PO's Required? Yes No (if yes, is PO # sufficient or do we require a hard copy) Hard copy required? Yes No
 Are you a government agency? Yes No
 City County State Private Public Corporation Partnership School / Learning Institution Sole Proprietorship

Authorized Buyers _____

BANK REFERENCE

We authorize you, our bank reference to release credit information regarding the following account (s) to ENCO TOOLS & EQUIPMENTS.

BANK NAME : _____
 BANKING OFFICER : _____
 ADDRESS _____
 CITY, STATE, PIN : _____
 Current Account # _____
 Loan Account # _____
 Phone # _____
 Fax # _____

AUTHORIZATION AND AGREEMENT TO RELEASE CREDIT INFORMATION

Please enclose a copy of your most current financial statement.
 Information will be kept confidential.
 In support of this application ENCO TOOLS & EQUIPMENTS hereby authorized to obtain credit and/or financial information from my / our bank(s), other financial institutions or commercial firms with which I / we have done business. It is understood that any such credit and / or financial information will be held in strict confidence and used only for consideration of this application. Upon approval of this application, it is agreed that all purchases will be paid in full and in accordance with the terms of the sale Net 30 Days from date of invoice. Should I / we not pay ENCO TOOLS & EQUIPMENTS to terms, it is understood that credit privileges may be withdrawn. Should ENCO TOOLS & EQUIPMENTS find it necessary to obtain assistance in collecting any monies due, I / we agree to pay all reasonable attorney fees, collection agency fees and / or court costs necessary to collect monies owed. The offer is limited only to these terms.
 Signature of Authorized Officer _____
 Name (Please Print) _____
 Title _____ Date _____