



ATTENTION: Accounts Payable

SUBJECT: Columbia Marking Tools Credit Application

Thank you for your interest in our products. It is our policy that all new orders will be processed on a prepaid basis until credit has been established. Please complete the enclosed form.

We look forward to our continued business relationship with you. We appreciate your business.

Kathleen Allie
Accounting Manager
Columbia Marking Tools

Name of Company:

Headquarters Address:

Main Phone:

AP Contact Name:

AP Contact Phone Number:

Email address to submit invoices electronically:

Trade References- (no steel companies please)

1. Vendor Reference Name:

a. Address:

b. Email address:

2. Vendor Reference Name:

a. Address:

b. Email address:

3. Vendor Reference Name:

a. Address:

b. Email address:



All purchase orders are subject to credit review and approval prior to acceptance and shipment.

- 1) We will only accept orders for \$80.00 or more.
- 2) Payment terms, upon credit verification, are 30 days net from invoice date. Terms for machine orders are according to CMT quote.
- 3) Accounts with balances owing Columbia Marking Tools older than 30 days will result in finance charges on the past due amount of 1.5% per month. Finance charges will occur 30 days from the invoice date.
- 4) Accounts with balances older than 60 days will be denied further credit until account is brought current, or shipment may be made concurrent with prepaid payment plus amounts including finance charges.
- 5) Continued abuse of open account will result in credit denial. All shipments will then be made on a permanent prepaid basis.
- 6) Upon failure or refusal to pay an account within 60 days of invoice date, the customer will also be responsible for all expenses Columbia Marking Tools incurs in collection, including reasonable actual attorney or collection fees.
- 7) Disputed invoices, billing error, or other credits due should be brought to our attention as soon as possible for efficient resolution of the problem.
- 8) We will accept resalable merchandise when approved and returned prepaid. A restocking charge will be assessed and applied if necessary.

Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with the above items.

Firm Name _____

Signature _____

Title _____

Date _____

Upon completion please save copy for your records and send to accounting@columbiamt.com