



QUALITY TOOLS & SERVICES, INC.
 16051 Lamonte Drive Hammond, LA 70403
 PH: 985-549-0920 • FX: 985-345-4449

QTS Salesman

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APPLICATION FOR OPEN ACCOUNT

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

Federal ID#:		Taxable: <input type="checkbox"/> Yes <input type="checkbox"/> No		How would you like to receive invoices? <input type="checkbox"/> E-mail <input type="checkbox"/> Fax	
Purchasing Agent:			Accounts Payable Contact:		

BANK REFERENCES

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

RESALE INFORMATION (Please send exemption certificate if applies)

Resale Tax Number:		Expires:
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TRADE REFERENCES (Please complete all information)

1) Name:		Contact:		Account #:	
Address:		PH:		FX:	
2) Name:		Contact:		Account #:	
Address:		PH:		FX:	
3) Name:		Contact:		Account #:	
Address:		PH:		FX:	

**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. ACCOUNTS PAST DUE BY 30 DAYS MAY BE PLACED ON COD UNTIL ACCOUNT BECOMES CURRENT. 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.

By: _____ **Title:** _____ **Date:** _____