



Please Use Black Ink Only and Print Neatly

RESIDENCE (MUST COVER 2 YEARS)						
Name			Birthdate		Social Security No.	
Permanent Home Address		Own <input type="checkbox"/>	Rent <input type="checkbox"/>	How Long? Yrs Mos.	Mortgage Holder/Landlord	
City		State	Zip	Home Phone No.		Drivers License No. State
Cell Phone			E-mail Address			
Current Address (if different from above)				City		State Zip
Previous Address (if less than 2 years)				City		State Zip

EMPLOYMENT AND TECHNICAL SCHOOL INFORMATION						
Present Employer			How Long? Yrs Mos.		Position	
Employer Address			City		State Zip	Employer Phone No.
Previous Employer			How Long? Yrs Mos.		Position	
Name of Technical School		Courses in Progress			Length of Courses (# of months)	
Technical School Location: City		State			Industrial Sales Representative Name:	
						\$ Amount Desired for Credit

PERSONAL REFERENCES: Name of two relatives and one friend not living with student, or permanent home address required.						
Name	Address	City	State	Zip	Phone No.	Relationship
Name	Address	City	State	Zip	Phone No.	Relationship
Name	Address	City	State	Zip	Phone No.	Relationship

If your application for business credit is denied, whether pursuant to this application or any other application for credit, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact the below office within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this creditor is Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

If your Representative has not advised you of the action taken on this application for business credit or any other application for credit within 21 days, please contact our office at the below address.

I hereby acknowledge that the information is correct and grant the right to Snap-on Credit LLC and its affiliates for a confidential review and sharing of any information provided by the undersigned, the credit bureau and references given, or developed during the course of this review.

BY SIGNING BELOW, CUSTOMER ACKNOWLEDGES RECEIPT OF A COPY OF THIS NOTICE SET FORTH IN THE APPLICATION FOR BUSINESS CREDIT.

Student Signature **X** _____ Date _____

Upon completion, you must forward this application to your Snap-on Industrial Sales Representative for processing. (see reverse side for additional information)

THIS SECTION MUST BE COMPLETED BY SNAP-ON INDUSTRIAL SALES REPRESENTATIVE		
Industrial Sales Representative:	Phone No.:	\$ Amount Desired for Credit:
Technical School Information: Name:	City:	State