



**CONNECTICUT SAW & TOOL LLC**  
**140 AVON STREET**  
**STRATFORD, CT 06615**  
**Phone (800) 404-1220 Fax (203) 378-7346**

**ACCOUNT SET UP FORM**

**BILL TO INFO:**

NAME OF FIRM OR INDIVIDUAL \_\_\_\_\_  
 NAME OF PRINCIPALS \_\_\_\_\_  
 EMAIL OF PRINCIPALS \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

**SHIP TO: (IF DIFFERENT FROM BILL TO)**

NAME OF FIRM OR INDIVIDUAL \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_

**MAIN CONTACT INFO FOR PERSON RESPONSIBLE FOR TOOL PURCHASES AND TOOLS SERVICE**

NAME \_\_\_\_\_  
 POSITION OR TITLE \_\_\_\_\_  
 PHONE \_\_\_\_\_  
 EMAIL \_\_\_\_\_

**CREDIT CARD AUTHORIZATION**

PLEASE SUPPLY US WITH A CREDIT CARD TO KEEP ON FILE  
 (Credit card will be billed at time of purchase or service)

CREDIT CARD NUMBER \_\_\_\_\_  
 CC EXPIRATION DATE \_\_\_\_\_ SECURITY CODE \_\_\_\_\_  
 BILLING ADDRESS FOR CC \_\_\_\_\_  
 BILLING CITY \_\_\_\_\_ BILLING ST \_\_\_\_\_ BILLING POSTAL CODE \_\_\_\_\_  
 PAYABLE'S CONTACT \_\_\_\_\_  
 PAYABLE'S PHONE # \_\_\_\_\_  
 PAYABLE'S EMAIL \_\_\_\_\_

Tool service and extra repairs are at the discretion of Connecticut Saw & Tool.

\*All information provided will be kept secure and confidential only accessible to authorized personnel at Connecticut Saw & Tool\*