



SAFETEQUIP
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APPLICATION FOR CREDIT

SM ID: _____ (internal use only)

DATE: ____/____/____ YEAR ESTABLISHED: _____ AT PRESENT LOCATION SINCE: _____

FIRM NAME: _____

BILLING ADDRESS: _____ CITY _____ STATE _____ ZIP _____

SHIPPING ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE () - FAX () - CORPORATION PARTNERSHIP PROPRIETORSHIP

DUNS #: _____ FEDERAL ID NO.: _____

WEBSITE ADDRESS: _____

PURCHASING CONTACT: _____ email address: _____

ACCOUNTING CONTACT: _____ email address: _____

MANAGEMENT CONTACT: _____ email address: _____

OTHER KEY CONTACT: _____ email address: _____

TYPE OF BUSINESS (BRIEFLY DESCRIBE WHAT YOUR COMPANY DOES):

OWNERS:

NAME	ADDRESS	CITY, STATE	PHONE

NAME OF PARENT COMPANY: _____

MAIN OFFICE ADDRESS: _____ CITY _____ STATE _____ ZIP _____

TRADE REFERENCES:

NAME	ADDRESS	CITY, STATE	PHONE

BANK INFO: NAME OF BANK _____ CONTACT: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE () - FAX () - ACCOUNT NUMBER: _____

SPECIAL INSTRUCTIONS:

MERCHANDISE TAXABLE(Y/N): _____ RESALE(Y/N): _____ RESALE NUMBER (CARD MUST BE ATTACHED) _____

PURCHASE ORDER REQUIRED(Y/N): _____ REQUESTED LINE OF CREDIT: \$ _____

WE CERTIFY THAT THE FOREGOING INFORMATION HAS BEEN SUPPLIED TRUTHFULLY, ACCURATELY, AND VOLUNTARILY, AND THEREFORE AUTHORIZE SAFETEQUIP TO INVESTIGATE MY/OUR CREDIT WORTHINESS, CREDIT HISTORY AND FINANCIAL RESPONSIBILITY THROUGH ANY CREDIT BUREAU OR ANY OTHER REASONABLE MEANS, INCLUDING DIRECT CONTACT WITH PAST AND PRESENT CREDITORS. I/WE ALSO AUTHORIZE BANKS AND OTHER FINANCIAL INSTITUTIONS TO GIVE INFORMATION TO SAFETEQUIP ABOUT MY SAVINGS AND CHECKING ACCOUNTS AND LOANS. IF CREDIT IS EXTENDED AS A RESULT OF THIS APPLICATION, I/WE AGREE TO MAKE PAYMENTS PROMPTLY IN ACCORDANCE WITH SAFETEQUIP'S TERMS AND CONDITIONS.

DATE: ____/____/____ SIGNATURE: _____ TITLE: _____

THIS FORM IS AN APPLICATION ONLY UNTIL ACCEPTED AND COUNTERSIGNED BY SAFETEQUIP
NORMAL TERMS: ALL INVOICES ARE DUE IN FULL THIRTY (30) DAYS FROM ORIGINAL INVOICE DATE, UNLESS OTHERWISE STATED IN WRITING BY SAFETEQUIP
DELINQUENT ACCOUNTS WILL BE CHARGED A 1.5% SERVICE CHARGE EACH MONTH THEREAFTER, UNTIL INVOICE BALANCE HAS BEEN PAID.