



1450 Westec Drive
Eugene, OR 97402
541-344-7099
800-447-3177
ar@hsi.com

We Make Learning to Save Lives Easy®

Credit Application for ASHI, MEDIC First Aid®, 24-7 EMS®, 24-7 Fire, and Summit Training Source

Customer Information

Legal Name of Business
DBA or Tradestyle
Individual Name
Mailing Address
City State Zip
Shipping Address
City State Zip
Business Phone Fax Web site

Type of Business

Corporation* LLC* Partnership Proprietorship Non-Profit Other

*State and date of incorporation

State Tax Exempt? (If yes, attach copy of exempt certificate) Yes No

Federal Tax ID No. Social Security No.

Projected Annual Purchases \$

Accounts Payable Contact Name

Phone Fax Email

Trade References

Name Address City/State/Zip Account No. Contact Name Phone Average monthly purchases \$

Bank References

Name of Bank Address City/State/Zip Contact Name Phone Fax Email
DDA's Yes No Loans Yes No

ASHI, MEDIC First Aid®, 24-7 EMS®, 24-7 Fire, EMP Canada, and Summit Training Source are members of the HSI family of brands.



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Credit Application Provisions

Additional Documentation

We may require the following documentation to process your application:

- Copy of current or fiscal year-end financial statements
- Dun & Bradstreet No.
- Full listing of company officers

Credit

An account may be approved within seven business days after receipt of this form. Should you need materials sooner, we accept VISA, MasterCard, Discover, and American Express.

Terms of Sale

Terms are Net 30 days following date of invoice for those with established or approved credit. Returned merchandise may be subject to a restocking fee and any original and additional shipping and handling charges.

General Conditions

Should it be necessary to bring any suit or proceedings against a customer for non-payment of his/her account, customer agrees that he/she will be liable for court costs, reasonable attorney fees at trial and appeal, and payment of full amount due plus accrued service charges. A \$25 fee may be charged for returned checks.

This application must be signed by owner or authorized agent.

WE HEREBY AUTHORIZE our credit references to release any information necessary to assist in establishing or maintaining a line of credit with Health & Safety Institute. The representations provided in this application are complete and accurate to the best of my knowledge. THE TERMS AND CONDITIONS set forth herein are accepted without exception.

Signature _____ Printed Name _____

Title _____ Date _____

Signature _____ Printed Name _____

Title _____ Date _____

Please email completed form to: ar@hsi.com

Internal Use Only

Approved Declined

Date _____ Credit Score _____