



P.O. Box 3822, Lakewood, CA 90711-3822
 Direct Phone: (562) 630-3700 Fax (562) 630-3800
 www.AllSafetyProducts.com Email:

Business Credit/Company Account Application

Business Information

Desired Amount of Credit:

| | | |
|-------------------|---------------|------|
| Name: | | |
| Title: | Phone Number: | Fax: |
| Business Name: | | |
| Shipping Address: | | |
| City: | State: | ZIP |
| E-Mail Address: | | |
| Web Address: | | |

Billing Address (If different than above)

| | | |
|------------------|---------------|------|
| Name | | |
| Title: | Phone Number: | Fax: |
| Billing Address: | | |
| City: | State: | ZIP: |
| E-Mail Address: | | |

Description of Business

Please Describe Your Business:

Business Structure (Sole Proprietorship, Corp., Partnership, Etc.):

TAX ID (FIN, SSN):

| | | |
|----------------------|--------|------|
| Number of Employees: | Email: | |
| Resale ID #: | State: | ZIP: |

Parent Company:

How Long in Business:

Trade References

| | | |
|----------------------|--------|---------|
| #1 Firm Name: | | |
| Contact Name: | | |
| Street/Mail Address: | | |
| City: | State: | ZIP: |
| Phone: | Fax: | E-Mail: |
| Open Since: | | |
| | | |
| #2 Firm Name | | |
| Contact Name: | | |
| Street/Mail Address: | | |
| City: | State: | ZIP: |
| Phone: | Fax: | E-Mail: |
| Open Since: | | |
| | | |
| #3 Firm Name | | |
| Contact Name: | | |
| Street/Mail Address: | | |
| City: | State: | ZIP: |
| Phone: | Fax: | E-Mail: |
| Open Since: | | |

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Bank Reference (Information Required for Credit Limit of \$500 or more) or send a copy of a business credit report by Equifax, TRW, etc. if within the last six months

| Bank Name & Address | Phone Number | Type of Account Checking/Loan/Savings | Account No. |
|---------------------|--------------|--|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Other Assets or Sources of Income (Information for Credit Limit of \$500 or more) or send a copy of a business credit report by Equifax, TRW, etc. if within the last six months

| Description | Amount per Month or Value |
|-------------|---------------------------|
| | |
| | |

I authorize All Safety Products to verify the information provided on this form and hereby agree to the release of information from financial/credit institutions or Trade References about accounts or Company Information as required by this business credit application.

| | |
|--|------|
| Signature of Authorized Representative | Date |
|--|------|

It is acceptable to substitute a standard corporate credit information sheet for the financial and trade references information if your company uses a standard form. Please compare your information with our form so that we have the necessary information to process your credit application in a timely manner. Please sign the second sheet of the application so we can verify your financial and references information. Our standard terms are 30 Days Net with no discount and 1.5% per month penalty on late payments. There is a \$500 minimum order required to open account. For orders under \$200, you will need to pay with either a check before shipment or with a Mastercard, Visa or American Express (Discover not accepted.) We may require payment prior to shipment for first order.