



Credit Application

Date: _____

Salesperson: _____

24 Hr Location: _____

Name: _____ Credit Request: _____

Mailing Address: _____

Physical Address: _____

Phone No: _____ Fax No: _____

AP Contact Person: _____ AP Email: _____

AP Contact Phone: _____ AP Contact Fax: _____

Receive invoices by email: Y N Email (if different): _____

THE FOLLOWING INFORMATION MUST BE PROVIDED IN ORDER TO ATTAIN CREDIT. INFORMATION PROVIDED IS UNDERSTOOD TO BE OF A CONFIDENTIAL NATURE & WILL BE TREATED AS SUCH.

Date Business Est. _____ Purchase Order Required: Y N

Type of Business: Corporate Partnership Sole Proprietorship Other

Tax ID No. or Social Security No.: _____

Name of Principals	Address	Phone No.	Social Security No.

Tax Exemption No.: State of _____ Registration No.: _____

City of _____ Registration No.: _____

Parish/County of _____ Registration No.: _____

*For 24 Hr Safety not to add sales tax, copies of registration certificates and original blanket exemption certificates must be attached for sales tax exemption. Purchaser agrees that he assumes full liability for any non-tax sales which may later be held/determined to be subject to tax.

Bank Information:

Bank Name: _____ Phone No.: _____

Address: _____

Bank Officer or Department: _____ Acct. Balance: _____

Trade References:

Business Name: _____ Phone No.: _____

Address: _____ Fax No.: _____

Highest Credit: _____ Terms: _____ Acct Balance: _____

Business Name: _____ Phone No.: _____

Address: _____ Fax No.: _____

Highest Credit: _____ Terms: _____ Acct Balance: _____

Business Name: _____ Phone No.: _____

Address: _____ Fax No.: _____

Highest Credit: _____ Terms: _____ Acct Balance: _____

WE CERTIFY THAT ALL THE INFORMATION ON THIS FORM IS CORRECT. WE FULLY UNDERSTAND THE CREDIT TERMS ARE NET 30 DAYS AND AGREE TO THE PROPER PAYMENT IN CONSIDERATION OF EXTENDED CREDIT.

Signature: _____ Date: _____

Email completed and signed form to Chad Comeaux Chad@24hr-safety.com