

Credit Agreement and Application

Company Information

Name of Business		
Address		City
State		Zipcode
Phone Number		Fax Number
Type of Business:	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership
	<input type="checkbox"/> S-Corporation	<input type="checkbox"/> Limited Partnership
Federal Tax ID Number		
Sales Registration Tax Number		

Banking Information

Name of Bank		
Address		City
State		Zipcode
Phone Number		Fax Number
Checking Account #		Savings Account #
Checking Account #		Savings Account #

Owner and Shareholder Information

Name		
Home Address		
City	State	Zipcode
Social Security Number		
Phone Number		Fax Number

Name		
Home Address		
City	State	Zipcode
Social Security Number		
Phone Number		Fax Number

Name		
Home Address		
City	State	Zipcode
Social Security Number		
Phone Number		Fax Number

It is agreed between the applicant and Safety Vision, LP that all materials sold to applicant shall be paid for within thirty (30) days and that if payment is not received within that time then the maximum legal rate of interest shall be charged on the unpaid balance. Safety Vision, LP shall have a security interest in all merchandise until paid in full and in the event of a default in payment, Safety Vision, LP may take possession of goods without legal process. It is further agreed that the applicant shall be liable for all collections costs and reasonable attorney's fees incurred in the collection of this account. The undersigned affirmatively states that the information contained in this credit agreement is true and correct and authorizes Safety Vision, LP to contact their references listed and to run credit inquiries on the business and or persons listed.

THE INDIVIDUALS SIGNING BELOW ARE PERSONALLY LIABLE FOR ALL CHARGES MADE ON THIS ACCOUNT.

In the event of a partnership, all partners must sign; if a corporation, all major stockholders must sign.

Signed _____ Title _____ Date _____
Signed _____ Title _____ Date _____
Signed _____ Title _____ Date _____

CREDIT REFERENCES

Name of Business	
Address	City
State	Zipcode
Phone Number	Fax Number

Name of Business	
Address	City
State	Zipcode
Phone Number	Fax Number

Name of Business	
Address	City
State	Zipcode
Phone Number	Fax Number

FOR INTERNAL USE ONLY

Credit Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Terms: 2% 10/Net 30 <input type="checkbox"/> COD <input type="checkbox"/> Check In Advance <input type="checkbox"/>	
Approved By:	Date: