



Mobile video solutions for enhanced safety

email@safetyvision.com
Main: 713.896.6600
Toll Free: 800.880.8855
www.safetyvision.com

CREDIT AGREEMENT AND APPLICATION- page 1 of 3

COMPANY INFORMATION
Name of Business
Address
City State Zip
Phone Number Fax Number
Type of Business
Sole Proprietor Partnership C-Corporation
S-Corporation Limited Partnership
Kind of Business
Manufacturer Reseller Dealer
Retrofitter Other
Federal Tax ID Number
Reseller/Tax Exemption Certificate
Tax ID Number
Billing Address (if different from above)
City State Zip
Time in Business
Accounts Payable Contact AP Contact's Phone
AP Contact's E-Mail AP Contact's Fax
Special billing instructions?
Purchase Order

BANKING INFORMATION
Name of Business
Address
City State Zip
Phone Number Fax Number
Checking Account Number
Savings Account Number
Checking Account Number
Savings Account Number

OWNER AND SHAREHOLDER INFORMATION		
Name		
Address		
City	State	Zip
Phone Number	Fax Number	
Social Security Number		
Name		
Address		
City	State	Zip
Phone Number	Fax Number	
Social Security Number		
Name		
Address		
City	State	Zip
Phone Number	Fax Number	
Social Security Number		

CREDIT REFERENCES INFORMATION		
Name		
Address		
City	State	Zip
Phone Number	Fax Number	
Name		
Address		
City	State	Zip
Phone Number	Fax Number	
Name		
Address		
City	State	Zip
Phone Number	Fax Number	

CREDIT AGREEMENT AND APPLICATION - page 3 of 3

It is agreed between the applicant and Safety Vision, L.P. that all materials sold to applicant shall be paid per the terms herein and if payment is not received within that time then the maximum legal rate of interest shall be charged on the unpaid balance. Unless otherwise agreed, terms are net thirty (30) days from the date of invoice. All charges are payable in U.S. dollars. A service charge of 1 1/2 percent per month not to exceed maximum rate allowed by law, shall be made on any portion of outstanding balance not paid within 30 days of the invoice date. Safety Vision, L.P. shall have a security interest in all merchandise until paid in full and in the event of a default in payment, Safety Vision, L.P. 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, L.P. to contact their references listed and to run credit inquiries on the business and or persons listed.

CORPORATIONS/PARTNERSHIPS

A partner or duly authorized officer of the corporation must sign.

Signed _____
 Title _____ Date _____

Signed _____
 Title _____ Date _____

SOLE PROPRIETORS/INDIVIDUALS

The individual signing below is personally liable for all charges made on this account.

Signed _____
 Title _____ Date _____

After completing the Safety Vision credit application form, please promptly submit all three pages via one of three channels:

Scan the form and e-mail it to
 accountsreceivablegroup@safetyvision.com

Fax the form to
 1.713.896.6640

Mail the form to our physical mailing address:
 Safety Vision, L.P.
 ATTN: Accounting
 6100 W. Sam Houston Pkwy. N.
 Houston, TX 77041-5113
 USA

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