



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		
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> C-Corporation
<input type="checkbox"/> S-Corporation	<input type="checkbox"/> Limited Partnership	
Kind of Business		
<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Reseller	<input type="checkbox"/> Dealer
<input type="checkbox"/> Retrofitter	<input type="checkbox"/> Other _____	
Federal Tax ID Number		
Sales Registration Tax 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.

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** _____

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
1.713.896.8794

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