



DEALER CREDIT APPLICATION

Date: _____

Business Name: _____ Phone: _____

Billing Address: _____

City _____ State _____ Zip _____

Shipping Address: _____

City _____ State _____ Zip _____

Years in Business _____ Store Front (Y/ N) _____ Square Footage _____

Type of Ownership: Corporation _____ Partnership _____ Sole Proprietorship _____

List Name (s) Owner:	Address:	SS#:	Phone:
1. _____	_____	_____	_____
2. _____	_____	_____	_____

List THREE Trade References	Address:	Account #:	Phone:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Bank Name: _____ Bank Address: _____

Bank Phone: _____ Bank Contact: _____

Credit Limit Desired: \$ _____ Resale Tax ID No.(Sales Tax Permit #) _____

We certify that the information requested is accurate. We attest all financial responsibility and ability to pay all invoices in accordance with the specified terms stated on the seller's invoice. Signer personally guarantees any future indebtedness. In the event of any past due amounts, signer agrees to pay a 1.5% monthly finance charge and in the event of nonpayment, any collections, court costs, and attorney fees. I hereby authorize the above bank and suppliers (references) to release credit information regarding my account. All information attained by Safetech Products, LLC will be held in strict confidence.

Signed _____ Title _____ Date _____

Signed _____ Title _____ Date _____

SAFETECH OFFICE USE ONLY:

Date Approved: _____ **Credit Limit:** _____ **Authorized By:** _____ **Title:** _____