



CLINIC SUPPLIES
WITH A
PERSONAL TOUCH.

Credit Application

Date: _____
 Fax To: Customer Service
 Fax #: 914-381-1341
 Phone # : 914-698-3631
 e-mail : info@1800safety2.com

Organization Name: _____ **Tax ID number:** _____
 (Please attach certificate)

Billing Address: _____ **City:** _____
 State: _____ Zip Code: _____ Phone: _____ Fax: _____

Shipping Address: _____ **City:** _____
 State: _____ Zip Code: _____ Phone: _____ Fax: _____

Contacts: Director: _____
 Phone: _____ e-mail _____
 Purchasing: _____
 Phone: _____ e-mail _____
 Accounts Payable: _____
 Phone: _____ e-mail _____

Credit References: (provide three)

Business Name: _____ Phone _____
 Business Name: _____ Phone _____
 Business Name: _____ Phone _____

Bank Reference:

Institution: _____ Account # _____
 Bank Contact: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip Code: _____

Name and signature of corporate officer authorizing bank and references to give credit history to Safety Works for account approval.

By signing this application we agree to all terms and conditions as listed on each invoice. All amounts owed beyond the payment due date are subject to a 1.75% monthly finance charge. If it becomes necessary to initiate legal proceedings to recover the amounts past due, Safety Works will be entitled to recover all cost, attorney fees, and collection agency fees. Return policy is 30 days from invoice date. Merchandise must be in saleable condition. All returns must be authorized and will be subject to a 20% restocking charge plus freight charges. The undersigned is authorized to release the reference credit information of the company listed above by their signature guarantees payment on the account. "The undersigned is executing this authorization for Safety Works to obtain a consumer credit report on the undersigned individual through credit and consumer reporting agencies or other sources, in order to further evaluate the creditworthiness of such individual in connection with the credit evaluation process and the proposed extension of business credit to the Applicant".

Name (Please print): _____

Signature: _____