

Dealer Application and Contract

PLEASE TYPE OR PRINT LEGIBLY AND SIGN BELOW ALL INFORMATION IS REQUIRED FOR PROCESSING.

BUSINESS INFORMATION	
NAME OF BUSINESS	SHIPPING ADDRESS
BUYERS NAME	CITY
BILLING ADDRESS	STATE
CITY	ZIP
STATE	COUNTRY
ZIP	PHONE
E-MAIL	FAX
	C/C Information
BUSINESS STRUCTURE (CHECK ONE)	C/C #
CORP. ARTNERSHIP PROPRIETORSHIP	EXP. V Code
_	
IF INCORPORATED, WHAT IS THE CORPORATE NAME?	BANK REFERENCE
,	BANK NAME
	ADDRESS
HOW LONG HAS THIS BUSINESS BEEN OPERATING	CITY
UNDER CURRENT OWNERSHIP?	STATE ZIP
BUSINESS TYPE (CHECK ONE)	PHONE
RETAIL WHOLESALE OTHER	FAX
RESALE/ SALES TAX NO.	ACCOUNT NO.
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CTATEMENT OF ACCOUNTABILITY AND AUTHORITATION TO BELEASE TRADE (DANK) INCORMATION	
STATEMENT OF ACCOUNTABILITY and AUTHORIZATION TO RELEASE TRADE/BANK INFORMATION:	
The undersigned certifies that: all the information on this form is correct and authorizes the release of trade	
and or banking history from those listed, and that their company is financially able to meet any commitments	
that it might make with Specialized Safety Products LLC. The undersigned also agrees: to pay all charges on	
account within the assigned terms, to pay a \$20.00 service fee on returned checks, to pay 1% monthly interest	
on any invoice that becomes more than 7 days deliquent, to pay all collection fees and court costs expended to	
collect delinquent payments, and to have any dispute, decided according to Washington law in the county of	
Grant.	
OWNER OFFICER SIGNATURE	TITLE
OWNER /OFFICER (Printed)	DATE