



MADACO SAFETY PRODUCT, INC

*** Please fax back (909) 628-5363 ***

CREDIT APPLICATION

GENERAL INFORMATION

COMPANY NAME: BILLING ADDRESS: CITY: STATE: ZIP CODE: SHIPPING ADDRESS: CITY: STATE: ZIP CODE: PHONE: FAX: EMAIL: CORPORATION PARTNERSHIP DIVISION/SUBSIDIARY PROPRIETORSHIP PARENT COMPANY FEDERAL TAX ID# RESELLER'S PERMIT# HOW MANY YEARS IN BUSINESS? YEARS ANNUAL SALES \$ FISCAL YEAR ENDS: PRESIDENT/OWNER: CFO: ACCT. REP: ACCT. MANAGER: A/P PHONE: A/P FAX: A/P EMAIL:

BANK INFORMATION

BANK NAME: BANK ADDRESS: CITY: STATE: ZIP CODE: PHONE: FAX: EMAIL: TYPE OF ACCOUNT: ACCOUNT NUMBER: CHECKING SAVING OTHER BANK REPRESENTATIVE: TITLE: NAME OF REP: PHONE: FAX: EMAIL:

BUSINESS/TRADE REFERENCES

Reference #1

COMPANY NAME: ADDRESS: CITY: STATE: ZIP CODE: PHONE: FAX: EMAIL: CONTACT NAME: ACCOUNT SINCE:

Reference #2

COMPANY NAME: ADDRESS: CITY: STATE: ZIP CODE: PHONE: FAX: EMAIL: CONTACT NAME: ACCOUNT SINCE:

Reference #3

COMPANY NAME: ADDRESS: CITY: STATE: ZIP CODE: PHONE: FAX: EMAIL: CONTACT NAME: ACCOUNT SINCE:

AGREEMENT

- 1. All invoices are to be paid 30 days from the date of the invoice unless otherwise stated in your contract.
2. Claims arising from invoices must be made within seven working days.
4. There will be a 2% charge to past due invoices per day.
5. I/we certify that the information on this application is true and correct.

The Undersigned authorizes and releases all banks, persons and companies listed on this application to furnish information and authorize the credit check. The undersigned agrees to pay all collection cost, court cost, and legal fees incurred to collect delinquent balances. Any and all legal filings are agreed to take place in the jurisdiction of the supplier superseding in laws in current affect.

AUTHORIZED SIGNATURE

TITLE

DATE

** IF YOUR BUSINESS IS A RESELLER TO STATE OF CALIFORNIA, ATTACH YOUR CA STATE RESELLER'S PERMIT W/APPLICATION **