

eSafety Supplies, Inc PO Box 2086 City of Industry, CA. 91746 (866) 693-3754 (toll-free) (626) 369-1280 (local) (626) 369-1262 (fax) http://www.esafetysupplies.com

Business Credit Application

Business Name:				
Billing Address:				
City / State / ZIP:	City / State / ZI	IP:		
Phone Number:	_ Fax Number:_			
A/P Contact Name:	A/P Phone Nui	mber:		
A/P Email:	A/P Fax Number:			
General Busi	ness Informa	ation		
Type of Pusinoses	Officer's Nam	oo & Titlo:		
Type of Business: Are Purchase Orders Required?:				
How long has applicant been in business?:				
How long has applicant been at present location?:				
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			< #	
Please send copy of Tax Exemption Certificate. Sales tax will be	added until the Tax E	Exemption Certificate, c	or Resale Certificate, is pro	ovided.
Bank	Reference			
Bank Name:	_ Officer Handlin	ng:		
City:State:ZIP:	Phone Number	r:		
Rusinoss Co	redit Referen	1000		
1. Company:			Stato	
Phone Number:			State:	
2. Company:				
Phone Number:			State:	
Fax:				
3. Company:	Street Address:			
Phone Number:	City:		State:	ZIP:
 Fax:				
Applicant certifies that the above information is true and correct. Applicant also represents at the due date shall bear interest at the maximum nonusurious rate permitted by law (currently collection (including and without limitation reasonable attorney's fees) incurred by eSafety St above references as well as any credit reporting services or other sources in determining when	r 18% per annum) from upplies in collecting an	n the due date until paid ny overdue account. App	l. Applicant also agrees to pa olicant also authorizes eSafet	ay any and all costs of ty Supplies to contact the
Signature of Applicant:	-	For ESS Credit Department Only Approved By:		
Printed Name:	-			
Title		Rate:	Amount:	

Date:____

Customer Number:____