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CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION					
Title:					
Company name:			Website:		
Phone:	Fax:		E-mail:		
Registered company address:					
City:			State:		ZIP Code:
Date business commenced:					
Sole proprietorship:	Partnership:		Corpo	ration:	Other:
BUSINESS AND CREDIT INFORMATION					
Primary business address:					
City:			State:		ZIP Code:
How long at current address?			DUNS Number:		
Telephone:	Fax:		E-mail:		
Bank name:					
Bank address:			Phone:		
City:			State:		ZIP Code:
Type of account Account num			ber		
Savings					
Checking					
Other					
BUSINESS/TRADE REFERENCES					
Company name:					
Address:					
City:			State:		ZIP Code:
Phone: Fax:		E-mail:			
Type of account:					
Company name:					
Address:					
City:			State:		ZIP Code:
Phone:	Fax:		E-mail:		
Type of account:					
Company name:					
Address:					
City:			State:		ZIP Code:
Phone:	Fax:		E-mail:		
Type of account:					
TERMS OF PAYMENT					
All customers must submit a credit application and undergo a credit approval prior to receiving products or services on an open account basis. Until customers successfully complete this process, orders will require cash in advance or COD terms. Unless otherwise agreed upon, our terms are Net 30 from the date of invoice. Any account that is past due and/or over the credit limit may be placed on a cash basis until the account is brought to a current and satisfactory status. Thank you for your business and support of SAFE 'N SECURE USA, LP. Please sign and date below in order for this application to be processed.					
SIGNATURES					
Title: Date:			Title: Date:		