



6910 S. 196th St. Kent, WA 98032
(800) 213-7092 * (253) 872-7471 * Fax (253) 872-7912
www.nationalsafetyinc.com

CREDIT APPLICATION

BILLING INFORMATION

SHIPPING INFORMATION

Co. Name: _____
Address: _____
City: _____
State/Zip: _____
Phone: _____
Fax: _____

Type of business: Corporation Municipal Partnership Proprietorship

How long in business: _____ Industry Description: _____

Credit line desired: _____

Will you purchase for re-sale: Yes No (If yes, please enclose a resale certificate)

Are you tax exempt: Yes No (If yes, please enclose a resale certificate)

OWNERSHIP

PARENT COMPANY

President: _____
Vice President: _____
Secretary: _____
A/P Contact: _____

REFERENCES:

<u>Co. Name:</u>	<u>Contact:</u>	<u>Phone & Fax #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

We/I hereby make application for an open account with National Safety, Inc. We/I promise to pay each invoice as it comes due, 30 days after the invoice date or as specified in terms and conditions of a separate written contract. If this account is not paid within 30 days, National Safety reserves the right to impose a charge of 1 and 1/2 % per month on this balance and We/I agree to pay the same. In addition, we will pay any reasonable attorney's fees and collection fees that National Safety incurs in the collection of this account. At the option of National Safety, the venue of any suit brought to collect on this account may be had in King County, Washington. We/I understand and agree to the above stated credit terms and policies.

Company

Name

Date

Title

How did you hear about us? Internet