



**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: \_\_\_\_\_ Street Address: \_\_\_\_\_  
City / State / ZIP: \_\_\_\_\_ City / State / ZIP: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
A/P Contact Name: \_\_\_\_\_ A/P Phone Number: \_\_\_\_\_  
A/P Email: \_\_\_\_\_ A/P Fax Number: \_\_\_\_\_

## General Business Information

Type of Business: \_\_\_\_\_ Officer's Name & Title: \_\_\_\_\_  
Are Purchase Orders Required?: \_\_\_\_\_  
How long has applicant been in business?: \_\_\_\_\_ Officer's Name & Title: \_\_\_\_\_  
How long has applicant been at present location?: \_\_\_\_\_  
Resale Yes?  No?  Tax Exempt Yes?  No?  If 'yes', Sales Tax # \_\_\_\_\_

*Please send copy of Tax Exemption Certificate. Sales tax will be added until the Tax Exemption Certificate, or Resale Certificate, is provided.*

## Bank Reference

Bank Name: \_\_\_\_\_ Officer Handling: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Business Credit References

1. Company: \_\_\_\_\_ Street Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
2. Company: \_\_\_\_\_ Street Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
3. Company: \_\_\_\_\_ Street Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Applicant certifies that the above information is true and correct. Applicant also represents and agrees to the terms stated on the invoices. Any invoiced amounts not paid within 30 days after the due date shall bear interest at the maximum nonusurious rate permitted by law (currently 18% per annum) from the due date until paid. Applicant also agrees to pay any and all costs of collection (including and without limitation reasonable attorney's fees) incurred by eSafety Supplies in collecting any overdue account. Applicant also authorizes eSafety Supplies to contact the above references as well as any credit reporting services or other sources in determining whether to extend credit to applicant, and to report information regarding applicant's account.

Signature of Applicant: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

### **For ESS Credit Department Only**

Approved By: \_\_\_\_\_  
Rate: \_\_\_\_\_ Amount: \_\_\_\_\_  
Date: \_\_\_\_\_  
Customer Number: \_\_\_\_\_