



Safety & Supplies Co. Inc
17-E Edgeboro Road
East Brunswick NJ 08816
Tel: 732-698-1600 Fax : (732) 698-1605

APPLICATION FOR CREDIT

Date of Application _____ Credit Limit Desired _____

1: BUSINESS INFORMATION

Legal Business Name _____ Years Established _____
Mailing Address _____ City _____ State: _____
Zip: _____ Telephone _____ Fax _____
Ship To Address _____

2: BUSINESS STRUCTURE

Partnership _____ Corporation _____ Sole Parietorship _____
Date of Incorporation _____ Federal ID No _____ Sales Tax Resale No _____

3. OWNER /OFFICER INFORMATION

Principle/Owner _____ Title _____ S.S # _____
Home Address _____

4. BANK INFORMATION

Bank Name _____ Contact _____ Tel No _____
Bank Address _____
Checking Account # _____ Saving Account # _____

5: TRADE REFERENCES

1.Account Name _____ Account # _____ Contact _____
Address _____ City _____
State _____ Zip _____ Tel# _____ Fax# _____
2. Account Name _____ Account # _____ Contact _____
Address _____ City _____
State _____ Zip _____ Tel# _____ Fax# _____
3.Account Name _____ Account # _____ Contact _____
Address _____ City _____
State _____ Zip _____ Tel# _____ Fax# _____
4: Account Name: _____ Account# _____ Contact _____
Address: _____ City _____
State : _____ Zip: _____ Tel# _____ Fax# _____

I Authorize Safety & Supplies Co. Inc to contact any party listed above to verify any information in this credit Application. I agree to pay within net 30 Days of the invoice . Any amount overdue will be subject to charge of 1.5% per month .

Signed by Principle/ Owner _____ Name :Title _____
Date _____