



Confidential Credit Application

Page 1 of 2

Thank you for applying for an open credit account with Singer Safety Company. Please provide us with several business references and any other supporting information that might help us to accurately evaluate your credit history.

Bill To Information

Are all invoices mailed to this location? **Yes** **No**

Company Name:	
Street Address:	
PO Box:	City:
State/Providence:	Zip/Postal Code:
Telephone:	Fax:

Ship To Information

Please attach any additional sheets for multiple branch locations and subsidiaries.

Company Name:		
Street Address: (No PO Boxes)		
City:	State/Providence:	Zip/Postal Code:
Telephone:	Fax:	

Company Contacts

Name:	Title:
Name:	Title:
Name:	Title:

Type of Business:	Years in Business:
--------------------------	---------------------------

Resale Tax ID #: (must provide)
Markets Served:
Type of products you are currently distributing:



Since 1950

Confidential Credit Application

Page 2 of 2

Status: () Corporation () Limited Partnership () General Partnership () Sole Proprietorship

Trade References

Company Name:		Contact Name:	
Address:			
City:	State:	Zip Code:	
Telephone:		Fax:	

Company Name:		Contact Name:	
Address:			
City:	State:	Zip Code:	
Telephone:		Fax:	

Company Name:		Contact Name:	
Address:			
City:	State:	Zip Code:	
Telephone:		Fax:	

Principle Banking Institute

Bank Name:		Address:	
City:	State:	Zip Code:	
Contact Name:		Title:	
Telephone:		Fax:	
Account Number:		Type of Account:	Checking Savings
Account Number		Type of Account:	Checking Savings

Authorization is hereby given to Singer Safety Company to obtain credit history from trade and bank references for the sole purpose of deeming credit worthiness. Any information obtained will remain confidential.

"We believe that our firm is financially able to meet any commitments we have made and we expect to pay your invoices promptly within your TERMS OF NET 30 DAYS"

Signature:	Date:
Title:	