



Credit Application

Main Office & Warehouse

240 West Parkway
 Pompton Plains, NJ 07444
 phone: (973) 831-1555
 fax: (973) 831-1525

Distribution Center

1610 Greens Road - Suite 400
 Houston, TX 77032
 phone: (973) 831-1525

OFFICE USE ONLY

Account # _____
 Date Opened _____
 Credit Limit _____
 Approved By _____

FULL LEGAL NAME: _____

Doing Business As (DBA): _____

MAIN ADDRESS: _____

City: _____ State: _____ Zip: _____

BILLING ADDRESS: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email invoices to (A/P): _____ Email purchasing: _____

PARTNERSHIP **CORPORATION** **INDIVIDUAL** **OTHER**

Nature of Business: _____ Date of Incorporation: _____ Tax Resale Cert.#: _____

President: _____ V. President: _____

Accounts Payable: _____ Contact: _____

BANK REFERENCE: _____ **Account No.:** _____

Address: _____ Contact: _____

Phone: _____ Fax: _____

CREDIT REFERENCE Company: _____ Account No: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

CREDIT REFERENCE Company: _____ Account No: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

CREDIT REFERENCE Company: _____ Account No: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

CREDIT REFERENCE Company: _____ Account No: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

AGREEMENT REGARDING EXTENSION OF CREDIT:

WHEREAS, Strong Man Safety Products agrees to extend credit to: _____ upon credit approval. In consideration of the extension of credit, I _____, render myself "PERSONALLY LIABLE" on behalf of the business entity referenced herein on all current and future credit purchases and credit extensions. I personally guarantee to pay interest at a rate of 1.5% per month and reasonable cost of legal expense and other costs incurred in collection if I fail to pay within terms.

SIGN INDIVIDUALLY _____ **DATE** _____