



Credit Application

MAIN OFFICE & WAREHOUSE

240 West Parkway
Pompton Plains, NJ 07444

DISTRIBUTION CENTERS:

Houston, TX Los Angeles, CA
Miami, FL Kent, WA
Chicago, IL

OFFICE USE ONLY

Account #
Date Opened
Credit Limit
Approved By

TO LOCATE A STRONG MAN DISTRIBUTOR, CALL 1-800-950-6999

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 expenses and other costs incurred in collection if I fail to pay within terms.

SIGN INDIVIDUALLY _____ DATE _____

EMAIL BACK TO SALES@STRONGMAN.COM