

Sunrise Safety Services, Inc.

Credit Application for a Business Account

Business Contact Information

Title:

Company Name:

Telephone:

Fax:

E-mail:

Registered Company Address:

City:

State:

ZIP Code:

Date Business Commenced:

Sole Proprietorship:

Partnership:

Corporation:

Other:

Business and Credit Information

Primary Business Address:

City:

State:

ZIP Code:

How long at current address?

Telephone:

Fax:

Federal ID #:

Bank Name:

Bank Address:

Telephone & Fax :

City:

State:

ZIP Code:

Business/Trade References

Company Name:

Address:

City:

State:

ZIP Code:

Telephone:

Fax:

Account Number:

Type of Account:

Company Name:

Address:

City:

State:

ZIP Code:

Telephone:

Fax:

Account Number:

Type of Account:

Company Name:

Address:

City:

State:

ZIP Code:

Telephone:

Fax:

Account Number:

Type of Account:

Agreement

1. All invoices are to be paid 30 days from the date of the invoice.
2. By submitting this application, you authorize Sunrise Safety Services, Inc. to make inquiries into the banking and business/trade references that you have supplied.

Signatures

Name & Title:
Date:

Name & Title:
Date:

**Please fax this page back to Sunrise Safety Services, Inc. at 410-590-3906. Attn: Credit Application Processing
Please make sure all information is filled out, including fax numbers for trade references and banking information.**