



21 Kodiak Crescent
 Toronto, Ontario
 M3J 3E5 Canada
 Telephone: (416) 665-0050, (800) 387-2339
 Facsimile: (416) 665-6897, (800) 587-2339
 Email: firstaid@safecross.com

CREDIT APPLICATION - SAFECROSS FIRST AID LTD.

FILL OUT COMPLETELY

GENERAL INFORMATION

Requested Credit Amount: \$		Provincial (State) Sales Tax number (U.S. - include IRS number):				
Business Name (Legal Name - As set out on Incorporating or other documents):						
Operating Name(s) (Provide All):						
Street Address:						
City:		Province (State):		Postal (Zip) Code:		
Time at this address: Years: () Months: ()			Time In Business: Years: () Months: ()			
Telephone: ()			Fax Number: ()			
Mailing Address (If Different From Above):						
City:		Province (State):		Postal (Zip) Code:		
Shipping Address (If Different From Above):						
City:		Province (State):		Postal (Zip) Code:		
Are any of the above properties owned by the business? If no, name(s), address(es), phone/fax numbers of all landlords - Use separate page, if necessary.					YES <input type="checkbox"/>	NO <input type="checkbox"/>
Name:			Address:			
City:		Province (State):		Postal (Zip) Code:		
Telephone: ()			Fax Number: ()			
Type of Business Enterprise:		Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Sole Proprietorship <input type="checkbox"/>	Subsidiary <input type="checkbox"/>	
If Corporation , Corporate Number		Date of Incorporation:		Place of Incorporation:		
Name of Parent or Affiliated Businesses (If Any):						
Street:			City:			
Province (State):			Postal (Zip) Code:			
Time at this address: Years: () Months: ()			Time In Business: Years: () Months: ()			

INFORMATION - DIRECTORS, OFFICERS, SHAREHOLDERS, PARTNERS, PROPRIETORS

Please indicate all full names and names used for all directors, officers, shareholders, partners and proprietors (Attach a separate piece of paper if necessary)			
Full Name (and all other names used):			
Full Name (and all other names used):			
Full Name (and all other names used):			
Have you and/or any directors, officers, partner, shareholders, proprietors, affiliated businesses ever done business or applied for credit before with Safecross?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, under what business identities (List All):			During what period of time?



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BUSINESS INFORMATION

Business normally pays from invoice date	15 DAYS <input type="checkbox"/>	30 DAYS <input type="checkbox"/>	60 DAYS <input type="checkbox"/>	OTHER (specify & explain)	
Has the business ever been sued for trade debts? If yes, please explain on separate piece of paper.				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Within the past 7 years, have any directors, officers, partners, shareholders, proprietors been involved in a business (director, officer, partner, shareholder, proprietor) which ceased to carry on business without payment in full of trade debts. If yes, please explain on separate piece of paper.				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Director of Purchasing:		Phone Ext.	Accounts Payable Supervisor		Phone Ext.
Expected annual purchases from Safecross	less than \$5,000 <input type="checkbox"/>	\$5,000-\$10,000 <input type="checkbox"/>	\$10,000-\$25,000 <input type="checkbox"/>	\$25,000-\$50,000 <input type="checkbox"/>	\$50,000 + <input type="checkbox"/>

TRADE REFERENCES

Do not provide references which are in any way personally associated with your business or your shareholders, directors, officers, partners, proprietors

TELEPHONE AND FAX NUMBERS OF TRADE REFERENCES MUST BE INCLUDED!!

(1) Name of Reference:		Account Number:	
Street Address:			
City:	Province (State):	Postal (Zip) Code:	
Telephone ()		Fax Number: ()	
Contact Person (A/R Officer):		Length of dealings? Years () Months ()	
(2) Name of Reference:		Account Number:	
Street Address:			
City:	Province (State):	Postal (Zip) Code:	
Telephone ()		Fax Number: ()	
Contact Person (A/R Officer):		Length of dealings? Years () Months ()	
(3) Name of Reference:		Account Number:	
Street Address:			
City:	Province (State):	Postal (Zip) Code:	
Telephone ()		Fax Number: ()	
Contact Person (A/R Officer):		Length of dealings? Years () Months ()	
(4) Name of Reference:		Account Number:	
Street Address:			
City:	Province (State):	Postal (Zip) Code:	
Telephone ()		Fax Number: ()	
Contact Person (A/R Officer):		Length of dealings? Years () Months ()	



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BANK REFERENCES

List all banks and financial institutions, attach a separate page if necessary or if you use more than one financial institution.

Name of Bank:		Branch number:	
Address of Branch:			
City:	Province (State):	Postal (Zip) Code:	
Telephone: ()		Fax Number: ()	
Account #:	Time at Branch Years () Months ()	Contact Person:	

ACKNOWLEDGMENTS

I/We acknowledge and consent to the following:

Terms are net 30 days upon approved credit. All merchandise remains the property of Safecross First Aid Ltd. until full payment is received and validated. Past due accounts are subject to an interest charge of 2.0% per month (26.8% per year).

Customers who claim entitlement to an exemption for sales tax must ensure that complete, proper and accurate documentation has been provided to Safecross First Aid Ltd. in advance, otherwise the customer remains liable for payment. **PLEASE ATTACH ALL SALES TAX EXEMPTION FORMS, IF APPLICABLE.**

I/WE CERTIFY THAT THE INFORMATION PROVIDED ON THIS CREDIT APPLICATION IS FULLY COMPLETE, TRUE AND ACCURATE AND WE ACKNOWLEDGE THAT THE DECISION TO PROVIDE CREDIT IS BASED ON THE ACCURACY OF THIS INFORMATION.

If partnership, **ALL** partners must sign

If corporation with less than three directors/officers, **ALL** directors and officers must sign, if greater than three directors/officers - minimum three must sign (use additional lines if necessary)

(1) Signature: _____ Print Name: _____

Title: _____ Date: _____

(2) Signature: _____ Print Name: _____

Title: _____ Date: _____

(3) Signature: _____ Print Name: _____

Title: _____ Date: _____

RELEASE AUTHORIZATION

I hereby authorize our banks and our creditors to release information on the account of _____
 to Safecross First Aid Ltd. (insert company name)

Signature of Authorizing Individual (and print name)