

Customer Number

GENERAL INFORMATION

Business Name (Legal Name-as set out on Incorporation or other documents):		
Operating Name(s) (provide all):		
Street Address:		
City:	Province (State):	Postal (Zip) Code:
Telephone:		Facsimile:
General Email:		Website:
Mailing Address (if different from above):		
City:	Province (State):	Postal (Zip) Code:
If you have additional branches, please send a list of all branches		
Shipping Address (if different from above):		
City:	Province (State):	Postal (Zip) Code:
Telephone:		Facsimile:
Type of Business: 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:
Time in business: Years: () Months: ()		IRS number (U.S. only):

INFORMATION - DIRECTORS, OFFICERS, SHAREHOLDERS, PARTNERS, PROPRIETORS

Please indicate full names and names 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):		
Have you and/or any directors, officers, partners, shareholders, proprietors, affiliated businesses ever done business or applied for credit in the past with Safecross?	Yes <input type="checkbox"/> No <input type="checkbox"/>	During what period of time?
If Yes, under what business identities (list all):		

TRADE REFERENCES

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

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

BUSINESS INFORMATION

Business normally pays from invoice date:	COD	15 DAYS	30 DAYS	CREDIT CARD	BANK TRANSFER	DEBIT CARD
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requested Credit Amount: \$						
Expected annual purchases from Safecross:	less than \$5,000	\$5,000-\$10,000	\$10,000-\$25,000	\$25,000-\$50,000	\$50,000 +	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Director of Purchasing:			Accounts Payable Supervisor:			
Phone:		Ext.:	Phone:		Ext.:	
Email Address:			Email Address:			

BANK REFERENCES

List all banks and financial institutions, attach a separate page if necessary

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

ACKNOWLEDGEMENTS

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).

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 a partnership, **ALL** partners must sign.

If a corporation with less than three directors/officers, **ALL** directors and officers must sign; if greater than three directors/officers - minimum three must sign.

(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 to Safecross® First Aid Ltd.

_____	_____
(Insert company name)	Signature of authorizing individual
_____	_____
Date	Print name