



All Star Safety
1270 N Price Road
St Louis, MO 63132
636-284-6260
314-689-0030-fax
allstarsafety.net

CREDIT ACCOUNT APPLICATION

Date: ____ / ____ / 20____ Account Manager: _____ Customer Account # _____

Corporate Name: _____

D/b/a: _____

BILLING

Address 1: _____
Address 2: _____
Address 3: _____
City: _____
State: _____ Zip: _____
Attention: _____

SHIP TO ADDRESS

Address 1: _____
Address 2: _____
Address 3: _____
City: _____
State: _____ Zip: _____
Attention: _____

Type of Organization: _____ Type of Business: _____ Date Established: _____

COMPANY OFFICERS

Name: _____	Name: _____	Name: _____
Social Security #: _____	Social Security #: _____	Social Security #: _____
Title: _____	Title: _____	Title: _____
Phone Number: _____	Phone Number: _____	Phone Number: _____

BANK REFERENCES

Name: _____	Name: _____	Name: _____
Account Number: _____	Account Number: _____	Account Number: _____
Contact: _____	Contact: _____	Contact: _____
Phone Number: _____	Phone Number: _____	Phone Number: _____

TRADE REFERENCES

Name: _____	Name: _____	Name: _____
Account Number: _____	Account Number: _____	Account Number: _____
Contact: _____	Contact: _____	Contact: _____
Phone Number: _____	Phone Number: _____	Phone Number: _____

TERMS & CONDITIONS

In making this application for credit, the applicant promises to pay for all purchases within the terms agreed and agrees to pay a service fee of 1 ½% per month (18% per annum) on all past due balances. In the event any third parties are employed to collect any outstanding balance owed by applicant the undersigned agrees to pay reasonable collection costs and court fees, including attorney fees, court costs, and the cost of appeal. Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for the extension of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and accurate to the best of his/her knowledge. Failure to complete any portion of this form will automatically deny this application for credit. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified and would like to present this application of credit. The applicant also authorizes All Star Safety & Supplies Incorporated to investigate any references listed.

Signature: _____
Print Name: _____

Title: _____
Date: _____