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| Safety Training Services, Inc.New Customer FORM/Credit Application |
| Business Contact Information (IF INDIVIDUAL, PLEASE USE PERSONAL INFORMATION) |
| Company name: |
| Primary Business Contact Name & Title: |
| Phone: | Fax: | E-mail: |
| Company Mailing Address: |
| City: | State: | ZIP Code: |
| Date business commenced: |
| Sole proprietorship: [ ]  | Partnership: [ ]  | Corporation: [ ]  | Other: [ ]  |
| Does your company Requires Purchase Orders? (check one) | [ ]  NO | [ ]  YES |
| **Please Let US KNOW WHAT PAPERWORK YOU NEED FOR US TO BE A VENDOR IN YOUR SYSTEM** |
| Billing Contact Name:  |
| Billing Address: |
| City: | State: | ZIP Code: |
| Telephone: | Fax: | Billing E-mail: |
| BANK REFERENCE |
| Bank name: |
| Bank address: | Bank Contact Name: |
| City/State/Zip: | Bank Contact Phone: |
| Business/trade references |
| Company name: |
| Address: |
| City: | State: | ZIP Code: |
| Phone: | Fax: | E-mail: |
| Type of account: |
| Company name: |
| Address: |
| City: | State: | ZIP Code: |
| Phone: | Fax: | E-mail: |
| Type of account: |
| Agreement |
| 1. **All invoices are to be paid 30 days from the date of the invoice.**
2. Claims arising from invoices must be made in writing within seven working days.
3. By submitting this application, you authorize Safety Training Services, Inc. to make inquiries into the banking and business/trade references that you have supplied (if requesting credit on account).
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| Signatures |
| Signature:Printed Name: Title:Date: | Signature:Printed Name: Title:Date: |