Manufacturer of the Ideal Shield Protective Guard Rail System

CREDIT APPLICATION

The undersigned company is applying for credit with and agrees to abide by the standard terms and conditions printed on page 2.

Company Name: _____

DBA (if different): _____

Full Address: _____

Phone: _____ Fax: _____

Federal Tax ID or SSN: _____

Email for PDF invoices: _____

Email for Accounts Payable contact: _____

Type of Business: _____

Date Business Established: _____

Product Type(s) to be Purchased: _____

Amount of Credit Requested: _____

Are You a Corporation? ☐ Yes ☐ No State of Incorporation: _____

Names, Titles, and Addresses of Your Three Chief Corporate Officers

_____

_____

_____

Are you a Partnership? ☐ Yes ☐ No

Names and Addresses of the Partners:

_____

_____

Are you a Sole Proprietorship? ☐ Yes ☐ No

Are you Sales Tax Exempt? ☐ Yes ☐ No (If "yes", forward copy of certificate)

Have you had Credit with us Previously? ☐ Yes ☐ No

If "yes", under what name? _____

Authorized Purchasers _____

_____

Purchase Order Required? ☐ Yes ☐ No

Credit Card Number: _____ Exp Date: _____

Name on Credit Card: _____

Billing Address, if different from above: _____

Trade References - All Information is Required - No Telephone, Utility, or Credit Card Companies

Reference #1 Name: _____
Address: _____
Phone: _____ Fax: _____
Email _____

Reference #2 Name: _____
Address: _____
Phone: _____ Fax: _____
Email _____

Reference #3 Name: _____
Address: _____
Phone: _____ Fax: _____
Email _____

Bank References

Bank #1 Account: _____ ☐ Checking ☐ Savings
Contact: _____
Bank: _____
Address: _____
Phone: _____ Fax: _____

Bank #2 Account: _____ ☐ Checking ☐ Savings
Contact: _____
Bank: _____
Address: _____
Phone: _____ Fax: _____

I represent that the above information is true and is given to induce to extend credit to the applicant. My company and I authorize to make such credit investigation as Ideal Shield sees fit, including contacting the above trade and bank references and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose any and all information concerning the financial and credit history of my company and myself.

I have read the terms and conditions stated below and agree to all of these terms and conditions.

Company Officer Signature: _____

By signing this application, I certify that I have been authorized by my company to agree to the terms set forth within.

Printed Name: _____

Date: _____ Title: _____

General Terms and Conditions and Personal Guarantee

1. All bills become payable net 30 and are considered past due if not paid by the due date. Please remit all payments to Ideal Shield, 2525 Clark Street, Detroit MI, 48209.
2. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department.
3. Credit customer is responsible for all collection and/or legal fees, when applicable.
4. Personal Guarantee: If the credit customer is a corporation, then those signing this application, whether signing as an officer or not, personally guarantee payment for all items purchased on credit by the corporation.