



INTERNATIONAL SAFETY SYSTEMS INC.
Your Source for Safety

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CUSTOMER CREDIT APPLICATION

Business name _____

Telephone number _____

Fax number _____

E-mail address _____

Billing address:

Shipping address:

Street _____

City _____

Province/ Territory _____

Postal Code _____

Names of Principals	Titles	Home Address	Telephone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

GST _____ Credit required for month _____

Contact for A/P _____ E-mail for invoicing _____

Address for Accounts Payable (if different from above)

Street address _____	City _____	Province/ Territory _____	Postal Code _____
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Bank Reference:

Name _____	Contact _____	Phone number _____	Fax number _____
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Street address _____	City _____	Province/ Territory _____	Postal Code _____
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Account number _____

Trade References:

1 _____

Name _____	Phone number _____	Fax number _____
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Street address _____	City _____	Province/ Territory _____	Postal Code _____
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CUSTOMER CREDIT APPLICATION

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Name	Phone number	Fax number
Street address	City	Province/ Territory
		Postal Code

3

Name	Phone number	Fax number
Street address	City	Province/ Territory
		Postal Code

The information on this application is correct. I (we) hereby authorize, to whom this application is submitted, to obtain such credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account or for any other direct business requirements. I (we) further understand and agree to the credit terms of sale below:

1. All invoices are payable 30 days from date of invoice unless otherwise stated on the invoice.
2. In the event of a disputed invoice, the customer should notify International Safety Systems within 15 days of the Invoice date by specifying the Invoice number, the nature of the dispute and the amount under dispute.
3. Customers whose invoices remain unpaid after 60 days, or whose account exceeds the credit limit established, may be placed on a C.O.D. basis until the balance is paid in full or special arrangements are made with the credit manager.
4. No returns unless authorized by International Safety Systems Inc. Any unauthorized returns will be refused. Returns may be subject to a 15% restocking charge.

The undersigned being (title) _____ of the applicant company agrees to the above terms and conditions.

Signature _____

Firm Name _____

Date _____

Credit Department Use Only

Date Credit Approved _____

Bank Report Received _____

Credit Limit _____