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## Customer Credit Application

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

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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 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 \_\_\_\_\_