



CREDIT APPLICATION

BUSINESS PROFILE

Business Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____ Title: _____

Email: _____ Phone: _____ Fax: _____

NAICS/SIC: _____ Number of Years in Business: _____

Company Website: _____

COMPANY'S ACCOUNTING INFORMATION

Billing Address (if different from mailing address) : _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Title: _____

Email: _____ Phone: _____ Fax: _____

Is a Purchase Order required for payment? Yes No

Company Type: Individual/Sole Proprietor Corporation Partnership Other

Taxpayer Identification Number (TIN): _____

CREDIT REFERENCES (Inquiry cannot be completed without fax and email details—please provide all requested information) :

(1) Company Name: _____ Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Fax: _____

(2) Company Name: _____ Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Fax: _____

(3) Company Name: _____ Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Fax: _____

TERMS AND CONDITIONS

Invoicing granted to customers in good standing. | Pre-approved credit must be established prior to registration with invoicing. | Approval requires three satisfactory credit responses. | The time frame for approval is dependent upon a prompt response received from your references. | Accounting will notify customer when credit is approved. | Invoices are mailed weekly. | Invoicing privileges may be suspended if balance remains beyond 60 days | Alliance Safety Council may not schedule additional training for a customer with unpaid invoices. | Delinquent accounts will be referred to a third party.

A \$50 administrative fee must be paid via credit card to begin the invoicing process. Please provide the information below:

Credit Card Type: MasterCard Visa Discover American Express

Credit Card Number: _____ Expiration Date: _____ Today's Date: _____

Completed by: _____ Title: _____

[CLICK HERE TO EMAIL FORM](#)