

## 14490 Lee Highway Gainesville, Virginia 20155

Phone: (703) 753-7446 Fax: (703) 753-7905

## **CREDIT APPLICATION**

Your Company Na	ame:		<del></del> -
Your Company Ac	ddress:		
Telephone Number:		Fax Numbe	r:
Person(s) authorize	ed to sign contract:		
Accounts Payable contact:		Email Address:	
Registered Agent 1	for Corporation:		
Address of Registe	ered Agent:		
How long in business: Date of Incorporation:		orporation:	
BANK REFERE	NCE:		
Bank Name:			
Address:			
Account Number (	(s):		
Type of account(s):			
Contact:			
•	eess your application in a tree in the second secon	•	
	y:		
Address:			
Account #:	Telephone #:	Fax #:	Email:
Name of Company Address:	y:		
Account #:	Telephone #:	Fax #:	Email:
Name of Company Address:	y:		
Account #	Telephone #·	Fav #·	Fmail:

any credit information and agrees to the followin payment terms, 2% per month interest on any in interest allowed by law, if less than 24% per annu	d agrees to allow Traffic Safety Supplies, Inc. to check g terms and conditions in the event of sale: Net 30 days voices remaining unpaid after 30 days (or the maximum um) and payment of all attorney's fees and cost relating actions, and further agrees to the jurisdiction of the any dispute.
Signature	Date
Printed Name	Title