

Confidential Credit Application

SECTION I GENERAL INFORMATION

Please complete this application in its entirety.

LEGAL BUSINESS NAME	YEAR ESTABLISHED	TELEPHONE #	
DOING BUSINESS AS (DBA)	WEBSITE	FAX#	
BILLING ADDRESS	CITY	STATE/COUNTRY/ZIP	
OWNER	TITLE	HOME PHONE	% OWNERSHIP
PARTNER/CO-OWNER	TITLE	HOME PHONE	% OWNERSHIP
CONTROLLER	PHONE #	EMAIL ADDRESS	
AUTHORIZED PURCHASER	PHONE #	EMAIL ADDRESS	
A/P CONTACT	PHONE #	EMAIL ADDRESS	
FEDERAL TAX ID # (SSN IF SOLE PROPRIETOR)			

PURCHASE ORDERS USED YES NO NUMBER OF EMPLOYEES: _____

COMPANY FACILITIES: OWNED LEASED LANDLORD: _____

CONTRACTORS LICENSE NO (IF APPLICABLE) _____ TYPE OF LICENSE _____ STATE _____

TYPE OF BUSINESS CORPORATION SOLE PROPRIETORSHIP PARENT COMPANY
 LLC OTHER _____ BRANCH/DIVISION/SUBSIDIARY

If subsidiary or branch, please provide the following information regarding parent or home office:

LEGAL BUSINESS NAME	TELEPHONE #	FAX #
ADDRESS	CITY	STATE/COUNTRY/ZIP

HAS THIS COMPANY, AS NAMED ABOVE OR UNDER A FORMER NAME, EVER FILED BANKRUPTCY? YES NO

YEAR _____ EXPLAIN _____

SALES TAX EXEMPTION (If Applicable)

This is to certify that all material, merchandise, or goods purchased by the undersigned from The Protection Bureau after date shown below is purchased for the following purpose:

- RESALE AS TANGIBLE PERSONAL PROPERTY
- TO BE INCORPORATED AS A MATERIAL OR PART OF OTHER TANGIBLE PERSONAL PROPERTY TO BE PRODUCED FOR SALE BY MANUFACTURING, ASSEMBLY, PROCESSING OR REFINING.
- TO BE EXPORTED FOR SALE, USE, OR CONSUMPTION OUTSIDE THE CONTINENTAL LIMITS OF THE UNITED STATES
- DIRECT-PAY PERMIT (SELF-ASSESS TAX)

This certificate shall be considered a part of each order received and is to continue in force until revoked. Buyer assumes full responsibility for remitting state sales taxes as appropriate and The Protection Bureau will not invoice for such taxes as indicated by the Certificate Number below.

CERTIFICATE NUMBER: _____ SIGNED BY: _____

DATE: _____

(VALID SALES TAX EXEMPTION CERTIFICATE MUST BE PROVIDED TO AVOID BEING CHARGED SALES TAX)

**SECTION II
CREDIT INFORMATION**

BANK REFERENCE

BANK NAME

ADDRESS _____ TELEPHONE # _____

CITY/STATE/ZIP _____ FAX # _____

CONTACT PERSON _____ ACCOUNT # _____

TRADE REFERENCES

LIST FOUR COMPANIES FROM WHOM YOU ARE CURRENTLY PURCHASING

1. _____

 NAME

 PHONE

 FAX

 ACCOUNT #

 YEAR ACCOUNT ESTABLISHED

2. _____

 NAME

 PHONE

 FAX

 ACCOUNT #

 YEAR ACCOUNT ESTABLISHED

3. _____

 NAME

 PHONE

 FAX

 ACCOUNT #

 YEAR ACCOUNT ESTABLISHED

4. _____

 NAME

 PHONE

 FAX

 ACCOUNT #

 YEAR ACCOUNT ESTABLISHED

IMPORTANT, PLEASE NOTE

- 1. If Purchaser is requesting \$10,000 or more in credit, providing Purchaser's financial statements (including balance sheet and income statement) will expedite processing of the Credit Application.
- 2. If Purchaser is less than one (1) year old and closely held, personal credit information from the principal owner(s) will be required. Providing SSN on Page 1 will expedite processing of the Credit Application.

JOB SPECIFIC CLAUSE

IS PURCHASER THE SOLE SOURCE OF FUNDING FOR THIS PROJECT _____?

YES _____ NO _____ (PLEASE EXPLAIN) _____

THE INFORMATION CONTAINED IN THIS CREDIT APPLICATION IS FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE UNDER PENALTY OF PERJURY. I/WE HEREBY AUTHORIZE THE PROTECTION BUREAU TO INVESTIGATE THE REFERENCES LISTED PERTAINING TO PURCHASER'S CREDIT AND FINANCIAL RESPONSIBILITY, AS WELL AS OBTAIN PERSONAL CREDIT INFORMATION REGARDING THE ABOVE-REFERENCED OWNER(S) OF PURCHASER.

SIGNED BY: _____ DATE: _____

PRINT NAME/TITLE: _____

HOME ADDRESS: _____

CITY/STATE/ZIP: _____ HOME PHONE: _____

CO-SIGNED BY: _____ DATE: _____

PRINT NAME/TITLE: _____

HOME ADDRESS: _____

CITY/STATE/ZIP: _____ HOME PHONE: _____

INDIVIDUAL PERSONAL GUARANTEE

I, _____, residing at _____, in consideration of The Protection Bureau extending credit at my request to _____ ("Purchaser"), of which I am _____, hereby personally guarantee to The Protection Bureau the payment of any obligation of Purchaser and thereby bind myself to pay The Protection Bureau on demand any sum which may become due to The Protection Bureau by Purchaser whenever Purchaser shall fail to pay the same. It is understood that this guarantee shall be a continuing and irrevocable guarantee for such indebtedness of Purchaser. I do hereby waive notice of default or nonpayment, and consent to any modification or renewal of the credit agreement hereby guaranteed. I further agree to pay any reasonable attorneys' fees and court costs incurred in any efforts to enforce payment of the sums due from Purchaser or to collect the same. Signature hereunder is guarantor's authorization to The Protection Bureau to obtain credit reference information.

SIGNATURE: _____ PRINT NAME: _____

WITNESS: _____ SOCIAL SECURITY #: _____

ADDRESS: _____