

**Fax Completed Application to 651-770-0273**

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

How Many Years In Business: \_\_\_\_\_

Type Of Business Organization (circle): CORP PARTNERSHIP Other: \_\_\_\_\_

Fed ID# or SS#: \_\_\_\_\_ Purchase Orders Required? YES NO

**Bank Information**

Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

3220 GRANADA AVE N STE 100, SAINT PAUL MN 55128-3550  
T. 651.773.8199 F. 651.770.0273 1.800.773.8199  
<http://www.safereflections.com>

## Trade References

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

The above statements are true and are made for the purpose of securing credit. The undersigned is an authorized agent of the applicant.

Signature of officer: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_