



Credit Application

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: _____