

FLEET SAFETY SYSTEMS, LLC.**CREDIT APPLICATION**

Company Name: _____ Phone: ()
 Mailing Address: _____ FAX: ()
 Shipping Address: _____

Corporation _____ Partnership _____ Sole Proprietor _____ Tax ID # _____
 Sales Tax Exemption No. _____

Where Partnership or Sole Proprietor;
 Owners Name: _____ Phone: ()
 Address: _____

Where Incorporated, furnish names and titles of officers:
 _____, _____; _____, _____

State of Incorporation: _____
 Your Bank: _____ Acct. No. _____ Phone: ()
 Address: _____ FAX: ()
 Contact: _____ Phone: ()

Business References: (At least three)
 Company Name: _____ Phone: ()
 Mailing Address: _____ FAX: ()
 Company Name: _____ Phone: ()
 Mailing Address: _____ FAX: ()
 Company Name: _____ Phone: ()
 Mailing Address: _____ FAX: ()
 Company Name: _____ Phone: ()
 Mailing Address: _____ FAX: ()

Type of Business: _____ How Long in Business: _____

Do you require purchase orders? _____ Duns No. _____

We authorize Fleet Safety Systems, LLC. to make inquires of any/all of above, or through any legally recognized avenue to secure up-to-date credit information concerning our company and/or individuals involved. We recognize Fleet Safety Systems' terms of sale as NET 30 DAYS and a late payment penalty of 1-1/2% per month may be applied on overdue accounts (annual rate 18%). We recognize any account 60 days past due may lose open credit terms and be required to conduct future business on a cash basis. We agree to make no returns without written authorization from Fleet Safety Systems. We further agree should collection or legal action ever become necessary, to pay all collection charges, and/or such attorney's fees and costs judged reasonable by the court.

AUTHORIZED SIGNATURE _____

TITLE _____ DATED _____

RETURN FAX NUMBER: 503-692-4039

PHONE NUMBER: 503-691-9829