



**CONFIDENTIAL CREDIT APPLICATION**

QUEST SAFETY PRODUCTS, INC.  
 1414 S West St Ste 200, Indianapolis, IN 46225 | 1-317-594-4500  
 Return to Accounting via Fax: 1-317-594-4501; or email [AR@questsafety.com](mailto:AR@questsafety.com)

How did you hear about Quest Safety Products, Inc. (must be filled out): \_\_\_\_\_

**BUSINESS CONTACT INFORMATION**

Date:		
Company Name:		
Primary Company Address:		
City:	State:	ZIP Code:
Telephone:	Fax:	Email:
Year Company was Established:	How Long at Current Address:	
Contact Person (Main):	Phone:	Email:
Owner(Name):	Phone:	Email:
Purchasing Dir/Mgr(Name):	Phone:	Email:
Accounting CFO/Mgr(Name):	Phone:	Email:
How would you like to receive Invoices?	Estimated Monthly Order Amount?	

**BUSINESS AND CREDIT INFORMATION**

Bill to address:			
City:	State:	Zip Code:	
Are you tax-exempt? Yes <input type="checkbox"/> No <input type="checkbox"/>	DNBI Number:	NAICS Code:	
Sole proprietorship: <input type="checkbox"/>	Partnership: <input type="checkbox"/>	Corporation: <input type="checkbox"/>	Other:
Bank name:			
Bank address:			Phone:
City:	State:	Zip Code:	
Type of account: Savings: <input type="checkbox"/> Checking: <input type="checkbox"/>			Account number:
Has the Firm or any Principal been subject to any petition under any provision of State or Federal Insolvency Laws: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Has any Litigation been instituted against the company (attach details)? Yes <input type="checkbox"/> No <input type="checkbox"/> Is this for a Credit Line? Yes <input type="checkbox"/> No <input type="checkbox"/>			

**APPLICANTS AUTHORIZATION AND AGREEMENT**

Upon approval of this credit application, it is agreed that all purchases will be paid in full in accordance with the terms of sale as stated on QUEST SAFETY PRODUCTS, INC. invoices. If payments are not received within said terms, it is understood that credit privileges may be withdrawn, and a finance charge of 1.5% per month, (18% annualized) may be charged. QUEST SAFETY PRODUCTS, INC. is authorized to make inquiries regarding the credit worthiness of our company. In the event of any dispute, the laws of the State of Indiana shall govern the terms and conditions of this extension of credit. If this account must go to a collection agency or court to receive a payment, this account will pay all collection, legal and court costs above amount owed. A personal guaranty is initiated by the authorized signature to insure payment.

**SIGNATURES (MUST BE SIGNED BY OFFICER)**

Authorized Signature:	Print Name:
Company Name:	Title:
	Date:

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

Zip Code:

Phone:

Fax:

Email:

Type of account:

Company name:

Address:

City:

State:

Zip Code:

Phone:

Fax:

Email:

Type of account:

Company name:

Address:

City:

State:

Zip Code:

Phone:

Fax:

Email:

Type of account: