



Advanced Safety Devices, LLC
 9140 Jordan Avenue
 Chatsworth, CA 91304
 Tel: 818.701.9200
 Fax: 818.701.9220

CREDIT APPLICATION

Send to the Attention of: Credit Department

Company Name: _____
 Tax ID#: _____
 Owners Name: _____
 Street: _____
 City: _____
 State: _____ Zip: _____
 Phone #: () _____ Fax #: () _____
 Owner's Drivers License #: _____
 Owner's Social Security #: _____
 Owner's Date of Birth: ____/____/____

Contact Name: _____
 Accounts Payable Contact: _____
 Phone #: () _____ Fax #: () _____
 Date Business was established: _____
 D & B #: _____
Check One:
 Corporation () Sole Proprietor () Other ()
Type of Account Desired:
 Open Account () Credit Limit: \$ _____
 COD ()

TRADE CREDIT REFERENCES

Vendor: _____
 Tel: () _____ Fax: () _____
 Acct#: _____ Contact: _____
 Street: _____
 City: _____ State: _____ Zip: _____

Vendor: _____
 Tel: () _____ Fax: () _____
 Acct#: _____ Contact: _____
 Street: _____
 City: _____ State: _____ Zip: _____

Vendor: _____
 Tel: () _____ Fax: () _____
 Acct#: _____ Contact: _____
 Street: _____
 City: _____ State: _____ Zip: _____

Vendor: _____
 Tel: () _____ Fax: () _____
 Acct#: _____ Contact: _____
 Street: _____
 City: _____ State: _____ Zip: _____

BANK & FINANCE COMPANY REFERENCES

Bank: _____ Tel: () _____ Fax: () _____
 Acct#: _____ Contact: _____
 Street: _____ City: _____ State: _____ Zip: _____
 Financial Statements Available Upon Request: Yes () No ()

If open line of credit above \$5,000.00 is desired please include a copy of your most recent financial statement.
 If you would like a faster response on this credit application, please fill in all vendor and bank fax numbers.
 In the event of DEFAULT in payment the undersigned agrees to pay all costs of collection including reasonable Attorney's Fees.
 Finance charges on past due balances accrue at 1.5% monthly, 18% annually.

 SIGNATURE OF APPLICANT (PRINT NAME) DATE



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Authorization for Release of Credit Information

I hereby authorize you to release account status and information to Advanced Safety Devices upon their request.

Account Number:

Checking:

Checking:

Sincerely,

Signature:

Company Name:

Address:

City:

State:

Zip Code: