



GUARDIAN

SAFETY SOLUTIONS INTERNATIONAL, INC.

Credit Approval VOID after 90 days with no purchase

DATE: _____

CREDIT APPLICATION

Customer: _____

Address: _____

Contact: _____

Telephone: _____

CREDIT APPROVAL / LIMITS

Credit Approved: _____

Max Line Approved: _____

Approved By: _____

Date: _____

BANK REFERENCE INFORMATION

Name of Bank: _____ Loan Officer: _____

No. of Yrs. Business: _____ Telephone: _____

Average Bank Balance: Acct. #1 _____ Acct #2 _____

Outstanding Loan Amounts: _____ Secured by: _____

General Comments: _____

TRADE REFERENCES

1. Name: _____ # of Years: _____

Address: _____

High Credit _____ On ____/____/____

Present Amt. _____ On ____/____/____

Phone: _____ Fax: _____

Payment History: _____

2. Name: _____ # of Years: _____

Address: _____

High Credit _____ On ____/____/____

Present Amt. _____ On ____/____/____

Phone: _____ Fax: _____

Payment History: _____

3. Name: _____ # of Years: _____

Address: _____

High Credit _____ On ____/____/____

Present Amt. _____ On ____/____/____

Phone: _____ Fax: _____

Payment History: _____