



Guardian

Safety Solutions International Inc.

Protecting Families Worldwide Since 1985

Credit Approval VOID after 90 days with no purchase

DATE: _____

CREDIT APPLICATION

Customer: _____	<u>CREDIT APPROVAL / LIMITS</u>
Address: _____	Credit Approved: _____
_____	Max Line Approved: _____
Contact: _____	Approved By: _____
Telephone: _____	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 Yrs. _____

Address: _____ High Credit _____ On ___/___/___

_____ Present Amt. _____ On ___/___/___

Phone: _____ Fax: _____ Payment History: _____

2. Name: _____ # of Yrs. _____

Address: _____ High Credit _____ On ___/___/___

_____ Present Amt. _____ On ___/___/___

Phone: _____ Fax: _____ Payment History: _____

3. Name: _____ # of Yrs. _____

Address: _____ High Credit _____ On ___/___/___

_____ Present Amt. _____ On ___/___/___

Phone: _____ Fax: _____ Payment History: _____