

CREDIT ACCOUNT APPLICATION



ORR Safety Corporation
 11601 Interchange Drive
 Louisville, KY 40229
 Tel: (502) 774-6557 Fax: (502) 515-8020

| | | | | | |
|--|--------|---------|--|--|--------------|
| Name of Business: | | | Shipping Address: | | |
| Billing Address: | | | City: State: Zip: | | |
| City: | State: | Zip: | Tel No: | | Fax No: |
| County: | | | Years Business: | | # Employees: |
| Tel No: | | Fax No: | Are you tax exempt for safety equipment? YES _____ NO _____ <small>(All accounts will be setup as taxable until a signed tax exemption certificate is provided)</small> | | |
| Parent / Affiliate Company: | | | Estimated Annual Purchases: \$ _____ | | |
| Do you plan to resell our products? YES _____ NO _____ | | | Credit Line Requested: \$ _____ | | |
| Do you require Purchase Order? YES _____ NO _____ | | | | | |

SUPPLIERS

| | | | | | |
|-----------------|--------|---------|-----------------|--------|---------|
| Supplier Name: | | | Supplier Name: | | |
| Contact Person: | | | Contact Person: | | |
| Address: | | | Address: | | |
| City: | State: | Zip: | City: | State: | Zip: |
| Tel No: | | Fax No: | Tel No: | | Fax No: |

CONTACTS AT YOUR COMPANY

| | | | |
|--------------------------|---------|--------------------|---------|
| Safety Purchasing Agent: | | Accounts Payables: | |
| Tel No / Ext: | Fax No: | Tel No / Ext: | Fax No: |
| E-mail: | | E-mail: | |

The above information is for the purpose of obtaining credit and is warranted to be true. I hereby authorize ORR Safety Corporation to investigate the references listed pertaining to my/our credit and financial responsibility.

>>> **Please Sign** <<< Applicant's signature attests acknowledgment of ORR Safety Credit Terms of Net 30 Days and that you have read and accept the Terms and Conditions of ORR Safety Corporation located at www.orrsecurity.com

Firm Name Signed By:

Print Name & Title:

For ORR Safety office use only — DO NOT WRITE BELOW THIS LINE

Terr 100 Acct. Mgr. _____ 1070 Credit Limit _____ Acct No. _____

Credit Approval By: _____ **Date:** _____