



APPLICATION FOR CREDIT

Please return to: CP Lab Safety – Fax: (415) 532-1662 – Email: info@cplabsafety.com

Company Name:	
DBA:	
State of Incorporation:	
Emp. Tax ID#:	
Resale Permit#:	
Years in Business:	
Corporation:	Yes / No
Shipping Address:	
City, State, Zip	
Billing Address:	
City, State, Zip	
Phone Number(s):	
Fax Number:	
Contact Person:	
Phone:	
Fax:	
Email Address:	
Bank Name:	
Address:	
City, State, Zip:	
Phone:	
Email:	
Accounts Payable:	Contact Name:
	Email: Phone:

Trade Reference 1:

Company Name:

Address:

City, State, Zip:

Phone:

Email Address:

Fax:

Contact Person:

Account Number:

Trade Reference 2:

Company Name:

Address:

City, State, Zip:

Phone:

Email Address:

Fax:

Contact Person:

Account Number:

Trade Reference 3:

Company Name:

Address:

City, State, Zip:

Phone:

Email Address:

Fax:

Contact Person:

Account Number:

I understand credit terms are Net 30 days of Invoice Date. I agree to pay within these terms if credit is extended. Past due accounts will incur a 1.5% service charge on outstanding balances. We require a valid credit card on file for when an invoice is past due and we are unable to establish remittance status and/or payment for an invoice. Accounts Payable/Purchasing will be notified in advance if this occurs.

Signature: _____ **Date:** _____