

VIEWWRITE SAFETY PRODUCTS

1721 Blount Road #2 Blount Road #2
Pompano Beach, FL 33069
Tel: (954) 975-8885 Fax: (954) 979-4496

CREDIT APPLICATION

Company Full Name:				
Street Address:				
Country & City:		State:	Zip:	
Phone:		Fax:		
Website Address: http://www.				
CEO Name:		Net E-Mail:		
Parent company:				
Billing Address:				
Country & City:		State:	Zip:	
Controllers Name:		Net E-Mail:		
Phone:		Fax:		
AP Manager Name:		Net E-Mail:		
Phone:		Fax:		
Other AP contact:		Net E-Mail:		
Phone:		Fax:		
Amount of Credit Requested:				
Corporation is (Circle one): PUBLIC CLOSE OTHER(specify)--->:				
(If a closed corporation or other please send reviewed or audited financial statements for the last 3 years).				
Tax Exempt Number:				

MAIN BANK REFERENCE

Bank Name:				
Bank Street Address:				
Country & City:		State:	Zip:	
Account Numbers # 1:		Type:		
Account Numbers # 2:		Type:		
Contact Person:		Title:		
Phone:		Fax:		
Net E-Mail:				

TRADE REFERENCES

Company Name # 1:				
Street Address:				
Country & City:		State:	Zip:	
Contact Person:		Title:		
Phone:		Fax:		
Net E-Mail:				

Company Name # 2:				
Street Address:				
Country & City:		State:	Zip:	
Contact Person:		Title:		
Phone:		Fax:		
Net E-Mail:				

Company Name # 3:				
Street Address:				
Country & City:		State:	Zip:	
Contact Person:		Title:		
Phone:		Fax:		
Net E-Mail:				

AUTHORIZED PERSON PLEASE SIGN BELOW

Name :		Title:		
Phone:		Fax:		
Net E-Mail:				
Authorized Signature:			Date:	

Please Mail this Confidential Application

PLEASE DO NOT WRITE BELOW:

DATE RECEIVED:				
BK:				
1:	2:	3:		

Remarks:				
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Processed by:		Y N	Credit:		Days:		Date:	
Approved by:		Y N	Credit:		Days:		Date:	

Conditions of Sale: Acceptance of the goods and/or services delineated in our invoice(s) shall signify purchaser's acceptance of these conditions of sale. Title to all goods listed shall remain in the name of Manufacturers Components, Incorporated, d/b/a ViewBrite Safety Products ("seller") until fully paid. All quantities shipped are to be verified on our shipping documents. Furthermore, all claims and shortages must be noted on the shipping documents at time of delivery. No claims will be allowed unless made within five (5) days of receipt of goods. Returned goods will not be accepted without seller's written authorization. Interest on delinquent accounts will be charged at the highest rate allowable by law in the State of Florida. Purchaser agrees to pay reimburse all expenses, including, but not limited to court costs and attorneys' fees at all court levels and for pre-suit investigation, paid by seller in attempting to collect any sums due pursuant to our invoice(s). All amounts not paid within thirty (30) days of the date of our invoice(s) shall be subject to a late charge of 2% per month to cover seller's administrative costs in collecting our invoice(s).

AUTHORIZED PERSON PLEASE SIGN BELOW

Name :		Title:	
Phone:		Fax:	
Net E-Mail:			
Authorized Signature:		Date:	