



CREDIT ACCOUNT FORM



BUSINESS INFORMATION			
Name Legal	<input type="text"/>		
Doing Business As	<input type="text"/>		
Name Address	<input type="text"/>		
City	<input type="text"/>	State <input type="text"/>	Zip <input type="text"/>
Country	<input type="text"/>	Phone	<input type="text"/>

SHIPPING INFORMATION	
Ship To	<input type="text"/>
Address	<input type="text"/>
Address	<input type="text"/>
City & State	<input type="text"/>
Zip Code + 4	<input type="text"/>

Sales Tax Exempt Number (Include Tax Exempt form)	P.O. Req. d <input type="checkbox"/>	Credit Amount Requested
<input type="text"/>		<input type="text"/>

TYPE OF ACCOUNT	
<input type="checkbox"/> MUNICIPAL / GOVN.	<input type="checkbox"/> WHOLESALE
<input type="checkbox"/> OTHER: _____	

COMPANY/ DEPARTMENT APPROVED PURCHASERS

Name	<input type="text"/>	Title	<input type="text"/>	Phone	<input type="text"/>
Name	<input type="text"/>	Title	<input type="text"/>	Phone	<input type="text"/>
Name	<input type="text"/>	Title	<input type="text"/>	Phone	<input type="text"/>

ACCOUNTS PAYABLE CONTACT

Name	<input type="text"/>	Phone	<input type="text"/>	Email	<input type="text"/>
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BANK REFERENCE

Name of Bank	<input type="text"/>	Contact	<input type="text"/>	Account Type	<input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>	Fax	<input type="text"/>

CREDIT REFERENCES- (Established credit equal to or greater than requested credit)

Name of Firm	<input type="text"/>	Contact	<input type="text"/>	Credit Limit	<input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>	Fax	<input type="text"/>
Name of Firm	<input type="text"/>	Contact	<input type="text"/>	Credit Limit	<input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>	Fax	<input type="text"/>

CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY

I hereby certify that the information in this credit application is correct. The information included in this credit application is for use by 911 Rapid Response, Inc, in determining the amount and conditions of credit to be extended. I understand that 911 Rapid Response, Inc may also utilize other sources of credit which it considers necessary in making this determination. Further, I hereby authorize the bank and trade references listed in this credit application to release information necessary to assist 911 Rapid Response, Inc in establishing a line of credit.

Document Signature Field	<input type="text"/>	Title	<input type="text"/>	Date	<input type="text"/>
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TERMS: Terms of 30 days are DUE UPON RECEIPT of invoice. Please review terms on second page of this form.

TERMS AND CONDITIONS:

The Customer hereby agrees that all services, and payment therefor, are subject to the following terms and conditions:

1. Customer agrees that all services that may be provided by the Company to the Customer shall be governed by and subject to the Company's Service Conditions set forth by the company. Further, Customer agrees that, if any term or condition set forth in the Service Conditions conflicts with any term or condition set forth in any formal document issues by a company officer (including, but not limited to, any bill of lading, waybill, manifest or tariff, whether in physical or electronic format), then the term or condition set forth in the Service Conditions shall prevail and govern.
2. Customer agrees that all amounts due for services provided by the Company are payable at 700 W. Main St. Annville, PA 17003
3. Customer agrees that all amounts due are not payable in installments, but are payable Net 30 days from date of invoice. Company reserves the right to demand payment of all outstanding and past due freight charges as a pre-condition for releasing any shipment(s) at destination. This right includes the right to demand payment upon delivery of any shipment(s) at any time. If any amount due is not paid within said period a delinquency charge of 5% per month or minimum of \$15 per month of the delinquent balance shall be added to the amount due.
4. If customers invoice was time, date, stamped showing invoice was received, the above fees will apply at day 31. If invoice was not sent, invoice will be time, date, stamped at 31 days, and customer will have 30 days to make payment from that date.
5. In the event the account becomes delinquent and is turned over for collection, Customer agrees to pay all costs of collection including reasonable attorney fees, accrued labor, and court costs.
6. Customer agrees to notify the Company by certified mail of any changes in ownership of Customer and further agrees to be liable for all losses incurred as a result of failure to comply with said notifications.
7. Customer authorizes the Company and/or its credit agent(s) to investigate all credit history, bank references and any other information required to process this application and as it deems necessary in the future.
8. Please specify how invoices should be delivered to the accounts payable contact Email _____ Mail _____

Date: _____ Applicant Signature: _____

Title: _____ Type or Print Name: _____

Please return completed form and documents to
accounting2@911rapidresponse.com or by fax at
(717)473-7060