



New Account

Credit Application

Direct Safety Solutions

6650 Meany Ave. Bakersfield CA 93308
(661) 589-5959 • Fax: (661) 589-5960

Business Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Fax: () _____

E-Mail Address: _____ Website? _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Years In Business: _____ Type: Corporation Partnership Prop

Federal Tax Id No: _____ Will Purchases Be for Resale? Yes No

If For Resale, Furnish Resale #: _____ (Fax or eMail copy of Resale Card)

Principals, Officers, & Owners:

President/Owner: _____

Purchasing: _____

Accounts Payable: _____

Banking Information:

Bank Name: _____ Location: _____

Account Type & Number: _____

Telephone: () _____ Contact: _____

Business References:

Name	City/State	Fax	Contact
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

I am authorized officer or owner of the above listed company and authorize the firm or its assignee and any credit bureau or investigating agency to investigate the references, statements or other data listed. The undersigned authorizes all parties contacted to release credit, personal and financial information requested as part of said application. The undersigned also understands the terms of net 30 days of the above supplier and if credit is extended will be responsible for payment of all invoices as well as finance charges of 1.5%, Collection or attorney fees, or court cost if collection or litigation is required to collect any invoice that is past due.

Signature: _____ Date: _____