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 (207) 784-7525
 FAX (207) 777-6210

FIRESAFE EQUIPMENT
 PO BOX 1355, AUBURN ME 04211-1355

E-MAIL ADDRESS:
firesafe@fire-safe.com

NEW ACCOUNT APPLICATION

ACCOUNT NAME		PHONE NUMBER	FAX NUMBER
BILLING ADDRESS		CONTACT PERSON	
CITY	STATE	ZIP	ACCTS PAYABLE CONTACT
SHIPPING ADDRESS		YRS IN BUSINESS	PO REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO
CITY	STATE	ZIP	TAX EXEMPT <input type="checkbox"/> YES <input type="checkbox"/> NO
LEGAL ENTITY <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> INDIVIDUAL OWNER <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION		STATE & YR INCORPORATED	FEDERAL ID NUMBER

LEGAL OWNER NAMES OR CORPORATE OFFICERS

NAME	TITLE	RES ADDRESS	SS NUMBER
NAME	TITLE	RES ADDRESS	SS NUMBER

TRADE REFERENCES

COMPANY NAME	CONTACT	PHONE
COMPANY NAME	CONTACT	PHONE

TERMS AND AGREEMENT

OPEN ACCOUNT TERMS OF SALE: NET 30 DAYS FROM DATE OF INVOICE

The corporation and / or I agree to pay according to the above terms and to be liable for all service charges (currently 1.5% per MONTH, 18% PER ANNUM) on any amount still outstanding beyond the end of the month following the purchase. Customer agrees that any collection or legal fees which are incurred by FIRESAFE EQUIPMENT in the collection of this account, will be the responsibility of the undersigned and / or the Corporation.

The signature below guarantees that the above information is correct and is further authorization to obtain information necessary to complete this application.

PRINT NAME _____ TITLE _____

AUTHORIZED SIGNATURE _____ TITLE _____ DATE _____

OFFICE USE ONLY

ACCOUNT NUMBER: _____
 INSPECTION MONTH(S): _____
 TERRITORY: _____
 SALESPERSON: _____
 COMMENTS: _____

INSPECTION TYPE

SERVICE AGREEMENT	<input type="checkbox"/>	SYSTEMS	<input type="checkbox"/>
RPP PROGRAM	<input type="checkbox"/>	SYSTEMS / EXTINGUISHERS	<input type="checkbox"/>
FACILITY AGREEMENT	<input type="checkbox"/>	EXTINGUISHERS	<input type="checkbox"/>
OTHER	_____		<input type="checkbox"/>

ACCOUNT TYPE: CASH ON DELIVERY
 CREDIT CARD
 CHARGE / OPEN

CREDIT LIMIT / TERMS: _____