Cooper Safety Supply

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E-mail: Website:

info@coopersafety.com www.coopersafety.com

Credit Application

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Date:	/	/	Cred	lit Amt Reque	ested	\$		
Company Name	ompany Name: Duns No.							
Billing Address Street:								
City:				State :		Zip:		
Shipping Address Street (if different):								
City:				State :		Zip:		
Phone: (ne: () - Fax: () -							
E-mail :								
Line of Busines	s :							
Type of Busines	ss (circle or	ne) (Corporation	Partner	ship	Sole	Proprietorship	
Corporation Data :				Partnership / Sole Proprietor Data :				
President / C.E.O :			Name of Owner:					
				Name of Partner:				
Federal I.D Number :				Social Security Number :				
Accounts Payable Contact :								
Accounts Receivable Contact :								
Trade Reference	es		Contact Name	:	Phone:		Fax:	
1)								
2)								
3)								
Bank Reference	;							
1)								
Terms: 1%10/N30 * Discounts for customers who pay by check, NOT C.O.D or Credit Card. There will be a 1.5 % finance charge on all past due								

balances. We gladly accept MasterCard, Visa, Discover, and American Express.

Applicants requesting credit lines exceeding \$10,000.00 must furnish additional credit information. All statements made herein are true and accurate to the best of our knowledge. We authorize Cooper Safety Supply to investigate our financial responsibility to make any and all inquires necessary. We hereby indemnify Cooper Safety Supply, and its agents, from liability resulting from this credit survey.

Authorized Signature:		
Title:	Date :	