



Tri-State Public Safety

Application for payment terms & purchase orders.

Name/Address:

| | | | |
|-------------------|--------|--------|------------------|
| Last: | First: | Middle | Title: |
| Name of Business: | | | Tax I.D. Number: |
| Address: | | Email: | |
| City: | State: | ZIP: | Phone: |

Company/Agency Information:

| | | | | |
|--|--------------------|--------|------|--------|
| Type of Business: | In Business Since: | | | |
| Legal Form Under Which Business Operates: Corporation <input type="radio"/> Partnership <input type="radio"/> Sole Proprietorship <input type="radio"/> | | | | |
| If Division/Subsidiary, Name of Parent Company: | In Business Since: | | | |
| Name of Accounts Payable Person: | Title: | | | |
| Address: | City: | State: | ZIP: | Phone: |
| Email: | | | | |
| Names of people authorized to make purchases: | | | | |
| Location/Address where items need shipped to: | | | | |

Business References:

| | | |
|-----------------------|-----------------------|-----------------------|
| Company Name: | Company Name: | Company Name: |
| Email: | Email: | Email: |
| Contact Name: | Contact Name: | Contact Name: |
| Address: | Address: | Address: |
| Phone: | Phone: | Phone: |
| Account Opened Since: | Account Opened Since: | Account Opened Since: |
| Credit Limit: | Credit Limit: | Credit Limit: |
| Current Balance: | Current Balance: | Current Balance: |

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company (Tri-State Public Safety LLC.) for which credit is being applied for in order to verify the information contained herein. Late payments exceeding 30 days will result in interest charges of 1.5% or 18% annually. In the event that legal action must be taken to resolve the debt, I/We (applicant) shall pay all collection/attorney fees, lien fees, travel expenses and costs for Tri-State Public Safety. In the event of bankruptcy, all invoices owed will revert to Retail pricing. I hereby authorize Tri-State Public Safety LLC. to contact our references listed above and realize that I am applying for credit from the aforementioned company and will follow the repayment schedule assigned to my agency.

At any time, I understand that this agreement is voluntary between both parties (Tri-State Public Safety LLC. and myself) and can be terminated with little or no notice.

Signature

Date