



2700 East Dupont Ave.
Suite 3D | Belle, WV 25015
oscossafety.com

o 304-949-1381
f 304-949-1384

NEW CUSTOMER CREDIT APPLICATION

COMPANY INFORMATION

Company Name		Years in Business		Nature of Business	
Company Address		City		State	Zip Code
Phone					
Contact/Title					
Principal/Partner/Officer/Guarantor				Social Security No.	
Home Address		City		State	Zip Code
Phone					
Type of Business <input type="checkbox"/> Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Not for Profit <input type="checkbox"/> Limited Liability <input type="checkbox"/> State or Local Gov't <input type="checkbox"/> Corporation State of Inc. _____ Date of Inc. _____				Federal Tax ID No.	

CREDIT REFERENCES (Please be sure to include your reference's fax numbers)

Name		Phone		Fax	
Address		City		State	Zip Code
Name		Phone		Fax	
Address		City		State	Zip Code
Name		Phone		Fax	
Address		City		State	Zip Code

BANK REFERENCES

Bank Name		Account Type		Phone	
Address				Account No.	
Bank Name		Account Type		Phone	
Address				Account No.	
Bank Name		Account Type		Phone	
Address				Account No.	

INDUSTRY REFERENCES

Name		City		State	Phone
Name		City		State	Phone

CREDIT RELEASE

I hereby authorize OSCO Safety, and its associates and/or assignees to obtain further information concerning my business, and/or personal credit standing from any credit bureau, the references herein listed, or any other person as may be needed. A faxed copy of this authorization shall be as valid as the original.

Signature _____

Date _____