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3506 St Valentine Way #10
Orlando, FL 32811
Ph 407-313-6500 Fx 407-313-6504

1726 West 15th Street
Indianapolis, IN 46202
Ph 317-634-2571 Fx 317-637-8239

Application for Open Account

The following application is designed to assist you by providing the best credit department service possible. Please complete all information that applies to you and sign in the appropriate area.

Business Information

Company name: _____ dba: _____

Subsidiary of: _____ Division of: _____

Billing address: _____
(If PO Box, please include street address)

Shipping address: _____
(If different from above)

Telephone #: _____ Fax #: _____

E-mail address: _____ Accounts Payable contact: _____

Type of business: _____ Corporation _____ Partnership _____ Sole Proprietorship How long in business? _____yr(s)_____mo(s)

Our main business activity is: _____ Federal ID #: _____

Are you exempt from sales tax? _____ yes _____no (If yes, please attach valid exemption certificate)

Our county is: _____

Banking and Lease/Mortgage Information

Name of Bank	Telephone #	Account number	Account type
_____	_____	_____	_____
_____	_____	_____	_____

Owner Information

Please list the name(s), home address(es), home telephone number(s) and social security number(s) for the owner(s) of this business.

1) _____

2) _____

3) _____

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Trade References:

Please list major suppliers with whom you have established open credit. Do not include banks/credit cards, vehicle leasing, utility or administrative supply companies.

Name	Credit Dept Contact	Telephone #	Fax #
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

Terms & Conditions:

1. All open account terms are Net-30 days. Full payment for invoice amount is due 30-days from the date the invoice is issued.
2. A 1-1/2% (18% per anum) service charge will be assessed on all accounts that become past due.
3. All merchandise returns or invoicing disputes, including but not limited to quantity of items shipped, pricing adjustments, sales tax and freight overcharges, must be brought to our attention within thirty-days of invoice date. Any items on your account that have not been disputed within thirty days will be considered valid and collectable charges.
4. All merchandise returns for credit or refund must be returned with original packaging and show no visible or operational signs of wear or use. A 15% restocking fee will be charged on all special order items.
5. I acknowledge that the ONLY warranties provided with merchandise purchased are those provided by the manufacturer and that the Seller makes no warranties of merchantability or fitness expressed or implied. The sole remedy for any failure or defect in the merchandise shall be replacement or refund of purchase price provided the merchandise or any unused portion of a consumable product is returned to the place of purchase within 90 days of date of purchase.
6. I understand that in signing this Application For Open Account, I am requesting that you establish open credit for our company and agree to pay all reasonable charges incurred by myself or my agent(s) in addition to any service charges incurred for past due balances, as are allowed under law in the State of Florida.
7. In the event a collection procedure or lawsuit is instituted to recover possession of merchandise or to enforce any terms and conditions or provision hereof, I accept liability for service charges, legal fees, court costs and any other cost of collection in this matter, as allowed under law in the State of Florida.
8. I am an authorized agent or representative of the above noted company and do hereby authorize RITZ SAFETY, its agents or assignees to investigate and substantiate any statements made on this application for open credit.

(Signature of Authorized Agent)

(Printed name)

(Date)

For Office Use Only:

Credit Approved by: _____

Credit Limit Assigned: _____ Account #: _____

Salesperson assigned: _____

Account declined because: _____