



email@safetyvision.com
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 Toll Free: 800.880.8855
 www.safetyvision.com

CREDIT AGREEMENT AND APPLICATION - page 1 of 3

| COMPANY INFORMATION | | |
|---|--|--|
| Name of Business | | |
| Address | | |
| City | State | Zip |
| Phone Number | Fax Number | |
| Type of Business | | |
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Partnership | <input type="checkbox"/> C-Corporation |
| <input type="checkbox"/> S-Corporation | <input type="checkbox"/> Limited Partnership | |
| Kind of Business | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Reseller |
| | <input type="checkbox"/> Retrofitter | <input type="checkbox"/> Dealer |
| | <input type="checkbox"/> Other | |
| Federal ID Number | | |
| Sales Registration Tax Number | | |
| Billing Address (if different from above) | | |
| City | State | Zip |
| Time in Business | | |
| Accounts Payable Contact | AP Contact's Phone | |
| AP Contact's E-Mail | AP Contact's Fax | |
| Special billing instructions? | | |
| Purchase Order | | |

| BANKING INFORMATION | | |
|-------------------------|------------|-----|
| Name of Business | | |
| Address | | |
| City | State | Zip |
| Phone Number | Fax Number | |
| Checking Account Number | | |
| Savings Account Number | | |
| Checking Account Number | | |
| Savings Account Number | | |

| OWNER AND SHAREHOLDER INFORMATION | | | |
|-----------------------------------|-------|------------|--|
| Name | | | |
| Address | | | |
| City | State | Zip | |
| Phone Number | | Fax Number | |
| Social Security Number | | | |
| | | | |
| Name | | | |
| Address | | | |
| City | State | Zip | |
| Phone Number | | Fax Number | |
| Social Security Number | | | |
| | | | |
| Name | | | |
| Address | | | |
| City | State | Zip | |
| Phone Number | | Fax Number | |
| Social Security Number | | | |

| CREDIT REFERENCES INFORMATION | | | |
|-------------------------------|-------|------------|--|
| Name | | | |
| Address | | | |
| City | State | Zip | |
| Phone Number | | Fax Number | |
| | | | |
| Name | | | |
| Address | | | |
| City | State | Zip | |
| Phone Number | | Fax Number | |
| | | | |
| Name | | | |
| Address | | | |
| City | State | Zip | |
| Phone Number | | Fax Number | |

CREDIT AGREEMENT AND APPLICATION - page 3 of 3

It is agreed between the applicant and Safety Vision, L.P. that all materials sold to applicant shall be paid per the terms herein and if payment is not received within that time then the maximum legal rate of interest shall be charged on the unpaid balance. Unless otherwise agreed, terms are net thirty (30) days from the date of invoice. All charges are payable in U.S. dollars. A service charge of 1 1/2 percent per month not to exceed maximum rate allowed by law, shall be made on any portion of outstanding balance not paid within 30 days of the invoice date. Safety Vision, L.P. shall have a security interest in all merchandise until paid in full and in the event of a default in payment, Safety Vision, L.P. may take possession of goods without legal process. It is further agreed that the applicant shall be liable for all collections costs and reasonable attorney's fees incurred in the collection of this account. The undersigned affirmatively states that the information contained in this credit agreement is true and correct and authorizes Safety Vision, L.P. to contact their references listed and to run credit inquiries on the business and or persons listed.

THE INDIVIDUALS SIGNING BELOW ARE PERSONALLY LIABLE FOR ALL CHARGES MADE ON THIS ACCOUNT.

In the event of a partnership, all partners must sign; if a corporation, all major stockholders must sign.

Signed _____

Title _____ **Date** _____

Signed _____

Title _____ **Date** _____

Signed _____

Title _____ **Date** _____

After completing the Safety Vision credit application form, please promptly submit all three pages via one of three channels:

Scan the form and e-mail it to
accountsreceivablegroup@safetyvision.com

Fax the form to
1.713.896.8794

Mail the form to our physical mailing address:
Safety Vision, L.P.
ATTN: Accounting
6100 W. Sam Houston Pkwy. N.
Houston, TX 77041-5113
USA

| FOR INTERNAL USE ONLY | | |
|------------------------|---|------------------------------|
| Credit Approved | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Terms | <input type="checkbox"/> 2% 10/Net 30 | <input type="checkbox"/> COD |
| | <input type="checkbox"/> Check In Advance | |
| Approved By | | Date |