

# **FIRESAFE EQUIPMENT**

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## New Account Application

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_ Corporation \_\_\_\_ Partnership \_\_\_\_ Individual      Years in Business: \_\_\_\_\_

Owner / Corporate Officers: \_\_\_\_\_

Principal Bank: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### **Three (3) Trade References:**

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Tel No: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Email: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Tel No: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Email: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Tel No: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Email: \_\_\_\_\_

### **Statement of Policy**

Orders from new accounts cannot be processed until this application has been fully completed and credit is approved.

### **Payment & Credit Terms**

Payment is due in full within thirty (30) days from date of invoice. A finance charge equal to 1 1/2% per month will be added to all outstanding balances after thirty (30) days.

Invoices should be sent via: \_\_\_\_\_ US Mail \_\_\_\_\_ Email \_\_\_\_\_ Fax

Date: \_\_\_\_\_ Owner / Officer Signature: \_\_\_\_\_ Title: \_\_\_\_\_