



Hi-Viz Safety Wear LLC  
86 Lackawanna Ave - Suite 205  
Woodland Park, NJ 07424  
(888) 554-4849 (phone)  
(973) 831-1505 (fax)  
www.hi-vizsafetywear.com

## BUSINESS CREDIT APPLICATION

Company Name: \_\_\_\_\_ FAX: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
E-Mail address: \_\_\_\_\_  
Accounting Contact: \_\_\_\_\_

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### OWNER/OWNERS:

Name: \_\_\_\_\_ S.S. # \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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### BANK REFERENCES:

Bank Name: \_\_\_\_\_ FAX: \_\_\_\_\_  
Address: \_\_\_\_\_ Contact: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Branch Location: \_\_\_\_\_  
Checking Acct #: \_\_\_\_\_

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### 3 CREDIT REFERENCES:

Contact \_\_\_\_\_ Acct #: \_\_\_\_\_  
Company Name: \_\_\_\_\_ FAX: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact \_\_\_\_\_ Acct #: \_\_\_\_\_  
Company Name: \_\_\_\_\_ FAX: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact \_\_\_\_\_ Acct #: \_\_\_\_\_  
Company Name: \_\_\_\_\_ FAX: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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I do hereby grant Hi-Viz Safety Wear permission to contact and confirm credit references listed above and verify that the information is true and correct.

Applicant's signature attests to financial responsibility and personal guarantee to pay invoices in accordance with the established terms.

\_\_\_\_\_  
Signature/Title (Company Officer)

\_\_\_\_\_  
Date

CREDIT LINE REQUESTED \_\_\_\_\_