



# APPLICATION FOR CREDIT

Safer Automatic Wheelchair Wheel Locks  
105 E. Rankin Street - Jackson, Mississippi 39201  
Phone: 1-800-890-5113 Local: 601-353-3193 Fax: 601-353-0411  
EMAIL TO: saferlock@att.net

**Company Name** \_\_\_\_\_ **Type of Business** \_\_\_\_\_ **Phone Number** \_\_\_\_\_ **Fax Number** \_\_\_\_\_

**Billing Address** \_\_\_\_\_ **Shipping Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Type of Ownership:** Corporation Partnership Sole Proprietor Government Non-Profit

**Years In Business:** \_\_\_\_\_

## Bank References

1) \_\_\_\_\_  
**Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_ **Fax Number** \_\_\_\_\_

**Account Number:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

2) \_\_\_\_\_  
**Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_ **Fax Number** \_\_\_\_\_

**Account Number:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

## Open Accounts References

1) \_\_\_\_\_  
**Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_ **Fax Number** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

2) \_\_\_\_\_  
**Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_ **Fax Number** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

3) \_\_\_\_\_  
**Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_ **Fax Number** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name** \_\_\_\_\_ **Title:** \_\_\_\_\_

Inter Office Use Only	Date:
CREDIT LIMIT:	APPROVED BY: