
Personal Credit Information

Please list all principals, partners, and / or shareholders (do not list shareholders if a public corporation)

Name / Title	Home Address	Social Security Number
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Name / Title	Home Address	Social Security Number
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Name / Title	Home Address	Social Security Number
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Additional Information

American Express Account Number	Personal Account	Corporate Account	Expiration Date
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Visa Account Number	Personal Account	Corporate Account	Expiration Date
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Master Card Account Number	Personal Account	Corporate Account	Expiration Date
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IF YOUR PURCHASES ARE TAX EXEMPT PLEASE PROVIDE A SALES TAX EXEMPTION CERTIFICATE. TAX WILL BE CHARGED IF WE DO NOT RECEIVE A PROPERLY EXECUTED EXEMPTION CERTIFICATE.

Agreement and Disclosure

AGREEMENT

BY SIGNING THIS APPLICATION & AGREEMENT APPLICANT ATTESTS TO ITS' ABILITY AND WILLINGNESS TO PAY ALL SAFE INVOICES. APPLICANT AGREES TO PAY ALL INVOICES IN FULL IN ACCORDANCE WITH THE TERMS STATED ON EACH INVOICE PROVIDED BY ALL SAFE.

APPLICANT AGREES TO MAKE PAYMENT IN FULL FOR ANY AND ALL AMOUNTS DUE. IN THE EVENT AN UNPAID DEBT IS FORWARDED TO A COLLECTION AGENCY OR ATTORNEY APPLICANT AGREES TO PAY ALL RELATED COSTS AND FEES INCLUDING REASONABLE ATTORNEY'S FEE.

CREDIT DISCLOSURE

APPLICANT HEREBY AUTHORIZES AMERICAN CYLINDER, INC. d/b/a ALL SAFE TO CONTACT THE REFERENCES LISTED HEREIN AND TO USE ALL INFORMATION PROVIDED TO ASCERTAIN AND VERIFY APPLICANT'S CREDIT WORTHINESS.

*Authorized Signature _____

Title _____

Print Name _____

Date _____

*Authorized signature must be an Officer or Partner