

FACTORY SUPPLY DEALER CREDIT APPLICATION



A minimum deposit of 25% is required for your first order. This allows us the time to perform a thorough credit check and establish an appropriate line of credit. To facilitate the establishment of a credit account, it is necessary to have updated credit information.

REFERENCES: *To efficiently process your application, you must:*

1. Fill in all applicable blank spaces on the application
2. Sign and date all forms requiring signatures
3. Email: Dealer Credit Application & Dealer Registration Form to your local Liftsafe Fall Protection Sales Rep.
4. Email: Application for Credit, Sales Tax Certificate(s) for each state you are registered in and Certificate of Insurance to: **accounts@factorysupply.com**

COMPANY INFORMATION:

Legal Company Name: _____
Mailing Address: _____
City, State, Zip: _____
Street Address: _____
City, State, Zip: _____
Country: _____
Phone: _____
Fax: _____
Email: _____

A/P Contact: _____
A/P Address: _____
A/P City, State, Zip: _____
A/P Email: _____
A/P Phone: _____
Tax Code: _____
Tax Exempt: Yes No

OWNER/OFFICER INFO:

Complete the following information for all Corporate Officers, Partners or Individual Proprietor

Name and Title: _____
Home Address: _____
City, Province, Postal Code: _____
Social Insurance No.: _____

Name and Title: _____
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BANK INFORMATION:

Bank Name: _____
Address: _____
City, State, Zip: _____
Contact: _____

Account #: _____
Phone: _____
Fax: _____
Checking Savings Loans

REFERENCES:

List a minimum of three (3) USA firms with lines of credit equivalent to requested amount.

Name: _____
City, State, Zip: _____
Phone: _____ Fax: _____

Name: _____
City, State, Zip: _____
Phone: _____ Fax: _____

Name: _____
City, State, Zip: _____
Phone: _____ Fax: _____