

All Safe, Inc.
915 Washington Ave. No.
Minneapolis, MN 55401

Confidential Credit Application

Applicant

Full Legal Name

Address City State Zip

Contact Name & Title Contact Phone Number

Own-Name of Mortgage Rent-Name of Landlord Lease-Name of Lessor Phone Number

If less than two (2) years in business, list prior affiliation of principals

Commercial Credit Information

Type of Business: Corporation, Proprietorship, Partnership Date Established

Primary Bank How Long Address

Bank Officer Bank Officer Phone Number

Checking Account # Commercial Loan Acct. # Installment Loan Acct. #

Secondary Bank How Long Address

Bank Officer Bank Officer Phone Number

Trade References

Company Contact Name Phone Number

Address City State Zip Present Balance

Company Contact Name Phone Number

Address City State Zip Present Balance

Company Contact Name Phone Number

Address City State Zip Present Balance

Company Contact Name Phone Number

Address City State Zip Present Balance

Personal Credit Information

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

Name / Title _____ Home Address _____ Social Security Number _____

Name / Title _____ Home Address _____ Social Security Number _____

Name / Title _____ Home Address _____ Social Security Number _____

Additional Information

American Express Account Number _____ Personal Account _____ Corporate Account _____ Expiration Date _____

Visa Account Number _____ Personal Account _____ Corporate Account _____ Expiration Dare _____

Master Card Account Number _____ Personal Account _____ Corporate Account _____ Expiration Dare _____

IF YOUR PURCHASES WILL BE TAX EXEMPT, PLEASE COMPLETE AND SIGN THE BLANKET SALES EXEMPTION CERTIFICATE. TAX WILL BE CHARGED IF WE DO NOT RECEIVE A PROPERLY EXECUTED CERTIFICATE.

Agreement And Disclosure

AGREEMENT

APPLICANTS SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH THE FOLLOWING TERMS AND CONDITIONS. APPLICANT AGREES TO PAY IN FULL WITHIN ALL SAFE FIRE & SECURITY (A DIVISION OF ALL FIRE TEST, INC.) PAYMENT TERMS AS STATED ON OUR INVOICES. TERMS ARE NET DUE THIRTY (30) DAYS.

APPLICANT AGREES TO MAKE PAYMENT IN FULL FOR ANY AND ALL AMOUNTS DUE ACCORDING TO ALL SAFE, INC. (A DIV. OF AMERICAN CYLINDER, INC.) INVOICE(S). 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

BY SIGNING THIS APPLICATION, APPLICANT HEREBY CONSENTS TO ALL SAFE FIRE & SECURITY (A DIV. OF ALL FIRE TEST, INC.) CONTACTING ANY REFERENCES TO ASCERTAIN APPLICANT'S CREDIT WORTHYNESS AND TO TAKE WHATEVER STEPS IT DEEMS NECESSARY IN ORDER TO VERIFY ANY INFORMATION CONTAINED HEREIN.

*Authorized Signature _____ Title _____

Print Name _____ Date _____

*Authorized signature must be an Officer, Partner of Sole Proprietor