Highway Safety Protection Corp.

CREDIT APPLICATION

ACCOUNT:			
Name:	Phone:	Fax:	Email:
Address:			
()Corporation ()Partner	oration ()Partnership ()Individual Date Established:		
Type of Business:			
Sales Tax Exempt No:	Attach Y	Your Resale and/or Ex	xempt Certificate
PRINCIPALS: Name/Title/SS#	Address/Street	Phone	Email
1			
2			
3			
BANKING:		 	
Bank Name:	Account#:		
Bank Address:			
Officer:	Ph	none:	
TRADE REFERENCES: MU	JST BE SUPPLIERS		
Name	Ado	Address	
1			
2			
3			
AGREEMENT: I agree to pay my account in full will be considered overdue and 1 induce you to sell merchandise the payment including all finance chasaid corporation or its represent regarding this guarantee of payr corp./personal, credit reports. M	1.5% finance charge (18% A) the undersigned jointly and so targes, collection costs and at atives to you, and waive any ment. I (we) give permission to	PR.), will be added to said everally personally guaran torney's fees, which at any presentment, demand, pro	account. In order to tee the full and prompt y time may be incurred by otest, and any other notice
Print Name	Signature Individual		Date
Print Name & Title Social Security #	Signature wit	h Title	