



CREDIT APPLICATION

Instructions: Please complete all requested information and FAX to 502-244-4554. Mail Address: Orr Protection Systems P.O. Box 198029 Louisville, KY 40259-8029. Telephone: 502-244-4500

CUSTOMER NAME		TYPE OF BUSINESS	<input type="checkbox"/> CORP.
ADDRESS		OTHER:	
		P.O. REQUIRED?	Pick One
CITY		TAXABLE?	Pick One
STATE, ZIP		TAX EXEMPT #	
COUNTY		IF TAX EXEMPT, CERTIFICATE IS REQUIRED.	
TELEPHONE		FAX NO.	

BILLING ADDRESS		SHIPPING ADDRESS	
CITY		CITY	
STATE, ZIP		STATE, ZIP	

SALES DEPT. INFO		ACCOUNTING DEPT. INFO	
CONTACT PERSON		CONTACT PERSON	
TELEPHONE		TELEPHONE	
FAX		FAX	

NAMES AND TITLES OF OFFICERS

TRADE REFERENCES

1. NAME		3. NAME	
ADDRESS		ADDRESS	
TELEPHONE		TELEPHONE	
FAX		FAX	
2. NAME		4. NAME	
ADDRESS		ADDRESS	
TELEPHONE		TELEPHONE	
FAX		FAX	

BANK AND CUSTOMER FINANCIAL INFORMATION

BANK NAME		TELEPHONE	
ADDRESS		YEARS IN BUSINESS	
		SALES VOLUME	
CITY, STATE, ZIP		NO. OF EMPLOYEES	

Please sign. Applicant's signature attests acknowledgment of Orr Protection Credit Terms of Net 30 Days.

FIRM NAME		PRINT NAME	
SIGNED BY		TITLE / DATE	

The above information is for the purpose of obtaining credit and is warranted to be true. I hereby authorize Orr Protection to investigate the references listed pertaining to my/our credit and financial responsibility.

OPS USE ONLY:		CONTRACT AMOUNT:	
OPS SALES PERSON:			