

# Reliapon Police Products, Inc.

# New Account Application

3112 Seaborg Avenue, Suite C

Ventura, CA 93003-7648

Phone: (888) 263-4482

Toll Free Fax: (888) 735-4276

All information will be kept in strict confidence and used only by Reliapon. THIS APPLICATION CAN BE REJECTED DUE TO INCOMPLETE ANSWERS TO THE FOLLOWING QUESTIONS. Allow 5 business days for processing time.

Full Company Name \_\_\_\_\_

Invoice To \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ e-mail \_\_\_\_\_

### Ship To

How long in Business? \_\_\_\_\_ How Long at Current Address? \_\_\_\_\_

Form of Organization (Check One): [ ] Proprietorship [ ] Partnership [ ] Corporation [ ] \_\_\_\_\_

Principals of Firm: If a Corporation, Please Name the President and Vice President.

If a Proprietorship/Partnership, Please list ALL Partners.

### President or Owner's Name:

Name \_\_\_\_\_ Title \_\_\_\_\_ Home Phone \_\_\_\_\_

Owner's Home Address \_\_\_\_\_

### Vice President's or Partner's Name, If Applicable:

Name \_\_\_\_\_ Title \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

### Authorized Purchasing Agents:

Names & Titles \_\_\_\_\_

Credit Limit Sought \$ \_\_\_\_\_ Seeking COD Certified Funds? [ ] Yes, do not complete remainder, sign and fax back.

### Bank Reference:

Name \_\_\_\_\_ Acct. No. \_\_\_\_\_ Contact \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

### Trade References (Please Give Three Current Credit References with Complete Addresses and Fax Numbers):

1. Name \_\_\_\_\_ Acct. No. \_\_\_\_\_ Contact \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

2. Name \_\_\_\_\_ Acct. No. \_\_\_\_\_ Contact \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

3. Name \_\_\_\_\_ Acct. No. \_\_\_\_\_ Contact \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

### Confirmation of Information: Accuracy and Release of Authority to Verify

I hereby certify that the information in the Application for Open Account is correct. The information included in this Credit Application is for use by Reliapon Police Products (Reliapon) in determining the amount and conditions of credit to be extended. I understand that Reliapon may also utilize the other sources of credit which it considers necessary in making this determination. Further, I hereby authorize the Bank and Trade References listed in the Credit Application to release the information necessary to assist Reliapon in establishing a line of credit.

I promise to pay for each purchase within the assigned terms. For all accounts past due, I agree to 1.5% service charge on the unpaid monthly balance, which is an annual percentage rate of 18%. Default will occur if payment due is not received within sixty (60) days after the date of the invoice. I further assume responsibility for all purchasing agents and employees of the undersigned until written notice to the contrary is given.

Name \_\_\_\_\_ Title \_\_\_\_\_

On \_\_\_\_\_, \_\_\_\_\_ By \_\_\_\_\_  
Signature (Principal of Firm)

Do you need a Reliapon Price Guide? [ ] Yes Send attention : \_\_\_\_\_

### Send Payments to:

Finance Department  
Reliapon Police Products, Inc.  
3112 Seaborg Avenue, Suite C  
Ventura, CA 93003-7648

For Reliapon Internal Use Only:

Recommendation of Credit Manager \_\_\_\_\_ Limit: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

**Fax completed application along with a copy of sales license to 888-735-4276**