

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