



**SAFETY
GLASSES
USA.com**

1501 KDF Drive
Three Rivers, MI 49093

Your Factory Direct Distributor of Personal Protective Eyewear & Equipment

Toll Free
1.800.870.6189

E-dress
info@sgusa.us

Web Store
www.SafetyGlassesUSA.com

NEW ACCOUNT APPLICATION

FAX BACK TO: 269-273-3244

All Fields Required

Company Name	Phone	Fax
Web Site	Email	
Company Billing Address	City	State Zip
Company Shipping Address	City	State Zip
Purchasing Contact(s)	Phone Number	Fax Number
	Email	
Accounts Payable Contact(s)	Phone Number	Fax Number
	Email	

Type of Business (circle one): **Retailer** **Manufacturer** **Re-Distribution** **Other: (describe)**

Business Category (Sole Proprietorship, Corporation, etc.):

Tax ID # _____ Tax Exempt # (if applicable): _____
Please include reason for exemption and copy of certificate

DUNS# _____
(if applicable)

TRADE REFERENCES Please supply a minimum of three references, including fax numbers

NOTE: Safety Glasses USA, Inc. requires a minimum of three *positive* references for approval

1) Company name _____ Account # _____
Contact _____ Tel # _____ Fax # _____

2) Company name _____ Account # _____
Contact _____ Tel # _____ Fax # _____

3) Company name _____ Account # _____
Contact _____ Tel # _____ Fax # _____

BANK REFERENCE

Bank _____ Account # _____
Account Manager _____ Tel # _____

Please estimate in dollar value how much your company may order per year from SGUSA. \$ _____
Do you or will you distribute these products to other companies? _____
If YES, will we be shipping to those locations? _____

TERMS AND CONDITIONS

1. Payment is due within 30 days of ship date shown on invoice.
2. It is your company's responsibility to submit any vendor information to Safety Glasses USA, Inc that is required for your Accounts Payable Department prior to, or upon placement of, your first order. Failure to do so will not be the responsibility of Safety Glasses USA, Inc., and will not be used as a means to delay payment.
3. If payment is not made within 30 days, your account will be assessed a 2% Finance Charge every 30-day billing cycle until payment is made in full on the invoice. Once assessed, any finance charges or late fees may not be removed. No partial payments on an order will be accepted. After 90 days of non-payment, your account will be suspended and all future orders held for shipment. The account will then be turned over to our Collections Department.
4. All packaging errors, order errors, or product defects must be brought to the attention of Safety Glasses USA, Inc. immediately upon receipt. Any warranty issues may be brought to the attention of Safety Glasses USA, Inc. whereupon you may be directed to the manufacturer.
5. All open invoices or purchase orders must be mailed, called in, or faxed to us. A confirmation will be faxed back to you. Open invoice orders can *not* be placed on the internet.
6. Any Net 30 or Invoiced order under \$50.00 will be subject to a \$10.00 minimum order surcharge. To avoid this surcharge, you may increase your order total, or pay by credit card. However, once the order is shipped and/or invoiced the surcharge cannot be removed.
7. Failure to comply with the terms of this agreement may result in loss of special pricing or discounts for existing orders both shipped and unshipped, which are unpaid, as well as future orders. Safety Glasses USA, Inc. reserves the right to suspend or revoke credit account privileges at any time. Credit Card information may be required for accounts that become delinquent.

As an authorized agent of _____ I am requesting to open a credit account with Safety Glasses USA, Inc. and authorize its agents to conduct a credit inquiry based on the information provided, including business and trade references, and any Financial Institution information provided on this and any additional related pages. I certify by my signature, that all information provided is true and that I am authorized to sign on behalf of my company.

Signature _____ **Date** _____
Printed Name _____ **Title** _____

We look forward to establishing a long and mutually rewarding business relationship with your company.

APPROVED _____ DENIED _____
DATE _____

ORDER # _____
CUST. # _____