



Account Application

Application must be completed and signed, with order attached, to initiate processing.

If you are exempt from sales/use tax you must provide us a copy of your exemption certificate.

NAME : _____

Billing Address _____

City _____ County _____ State _____ Zip _____

Shipping Address _____

City _____ County _____ State _____ Zip _____

Telephone Number w/Area Code: _____

Fax Number w/Area Code _____

Are PO's Required? Yes No

The following persons are authorized to purchase from this account:

1. Name & Phone _____ Title _____

2. Name & Phone _____ Title _____

REFERENCES: (BANK)

Bank _____ Bank Contact Name _____

Address _____ City _____ State _____ Zip _____

Phone () _____ ACCOUNT NUMBER (REQUIRED) _____

AUTHORIZATION TO RELEASE BANK INFORMATION

This is my authorization to the Bank to release information to Parr Public Safety Equipment, for the purpose of evaluating our application for credit.

Authorized Bank Signature **X** _____

REFERENCES (MAJOR SUPPLIERS)

1. Name _____ Account# _____ Phone # _____

Address _____ City _____ State _____ Zip _____

2. Name _____ Account# _____ Phone # _____

Address _____ City _____ State _____ Zip _____

3. Name _____ Account# _____ Phone # _____

Address _____ City _____ State _____ Zip _____

METHOD OF PAYMENT

Net 30 Days on Approved Credit

Credit Card

Money Order (NO PERSONAL CHECKS)

CREDIT TERMS: Customers may apply for open account status by completing the Credit Application. Pricing and product availability subject to change without notice. NET 30 DAYS FROM SHIPPING DATE FOR APPROVED ACCOUNTS ONLY. (Includes Partial Shipments) All Original Invoices: Shipped F.O.B. Origin

Visa MasterCard AmEx Discover

Credit Card No. _____

Name (as it appears on card) _____

Expiration Date _____

Card Holder's Signature _____

Card Holder's Phone Number () _____

Card Holder's Fax Number () _____

Credit Card Billing Zip Code _____

This information is warranted to be true and is given for the purpose of obtaining credit from Parr Public Safety Equipment. I (we) agree to pay all bills for purchases net 30 days from the date of invoice. Should legal action be instituted to enforce payment of any outstanding balance, I (we) agree to pay all costs of suit and reasonable attorney's fees.

Signature **X** _____

Print Name & Title _____ Date _____

Please mail the completed form to: Parr Public Safety Equipment or Fax to (614) 878-5200

6106 Bausch Road
Galloway, OH 43119

Toll Free Order Line (866) 320-7277