



11183 Woodward Lane
Cincinnati, OH 45241
(O) (513) 772-6464
(F) (513) 772-4650

NEW ACCOUNT APPLICATION

Company Name: _____ Phone #: _____
Address: _____ Fax #: _____
City: _____ State: _____ Zip Code: _____

Please Circle One: Proprietor Partnership Corporation

Federal Tax ID #: _____ Nature of Business: _____

Year Established: _____

If Incorporated, State in Which Incorporated: _____ Date of Incorporation: _____

Are you a subsidiary of a Parent Company? **YES NO**

(If yes, state name of Parent Company and attach Appendix ("A"))

Parent Company Information to this Application (If Applicable): _____

Principal Owner(s) or Stockholder(s):

Name	SS#	Home Address	Title/Position
_____	_____	_____	_____
_____	_____	_____	_____

Has the Firm or any Principle Owner, Stockholder, or Officer ever been the subject of any voluntary or involuntary petition under:

- Provision of State or Federal Insolvency Law (whether for Bankruptcy, Reorganization, Arrangement Composition)
Application for Appointment of a Receiver, or Assignment for the Benefit of Creditors? **YES NO**

Has any Litigation been instituted or threatened against the Firm? **YES NO**

Is the Firm a Guarantor or Endorser of any Debts or Liabilities? **YES NO**

Are any of your Assets Pledged as Collateral? **YES NO (If YES, please explain below)**

NOTE>

***You may provide us with a vital statistics sheet in lieu of filling out the information requested below.**

***Bank References:**

Name of Bank: _____
Address: _____
City, State, Zip Code: _____
Fax #: _____ Contact Person E-Mail: _____
Bank Account #: _____

***Trade References:**

- Please include only those vendors from whom you presently buy on open account:

Name: _____
Address: _____
City, State, Zip Code: _____
Phone #: _____ Fax #: _____ Contact E-Mail: _____

Name: _____
Address: _____
City, State, Zip Code: _____
Phone #: _____ Fax #: _____ Contact E-Mail: _____

Name: _____
Address: _____
City, State, Zip Code: _____
Phone #: _____ Fax #: _____ Contact E-Mail: _____

Please sign here to allow us to contact the bank(s) and trade references, as they may not release this information without your express authorization in writing:

(Signature) (Date)

(Print Name) (Title)

NEW ACCOUNT SET-UP INFORMATION:

BILL TO/SHIP TO:

Customer Name: _____
Street Address: _____
City: _____ County: _____ State: _____ Zip: _____
Contact Name: _____ Contact Email: _____
Phone #: _____ Fax #: _____

***Abco Safety typically emails all invoices. Please provide the following information to allow us to email your invoices:**

Accounts Payable Contact Name: _____
Accounts Payable E-mail: _____
Accounts Payable Phone #: _____ Ext #: _____
Accounting Fax #: _____

Are you Exempt from Sales Tax? **YES** **NO** (If **YES**, please forward Exemption Certificate)

PERSONAL GUARANTEE

Jointly and Severally

In consideration of Abco Safety, Inc. extending credit to _____, I/We the undersigned, hereby jointly and severally guarantee the prompt performance of the duties and obligations set forth in the above Open Account Agreement including payment to Abco Safety, Inc., its successors, and assigns by _____ and its related entities (hereinafter collectively referred to as "Debtor"), together with interest at the rate of 1.5% per month, on all amounts not paid within the stated credit terms, both before and after judgment, all costs of collection including collection agency fees and/or attorney fees whether hourly or contingent, but not to be less than 15% of the amount due if contingent. The undersigned further agree(s) that any legal action hereunder may be brought in Hamilton County, Ohio. Liability of the undersigned shall not be affected or prejudiced by the additional acceptance of a note or other evidence of indebtedness, the extension of time for payment, payment arrangements, updating of the Open Account Agreement or other indulgence granted to Debtor, or by agreement affecting said indebtedness, and the undersigned hereby waives notice of any or all of the aforesaid. The filing of suit or exhaustion of collection or legal remedies against Debtor shall not be a condition precedent to the enforcement of this guarantee and the undersigned hereby expressly waives presentment for payment, demand, protest, notice of protest or diligence. This Guarantee is an absolute, continuing, unconditional, and unlimited Guarantee. The term of this Guarantee shall commence on the date first above indicated. No termination of the Guarantee shall be effected by the death of the Guarantor or any of the Guarantors. This Guarantee shall be effective regardless of any subsequent incorporation, reorganization, merger or consolidation of the Debtor, change of partners, change of name or any other change in the composition, nature, personnel or location of the Debtor whatsoever.

I/We hereby authorize you or your agent/representatives to secure a consumer credit report from time to time regarding the undersigned in connection with the extension or continuation of credit contemplated herein or the collection of debts resulting therefrom. The undersigned further agree(s) to the release of credit information, including the reporting of credit history to credit reporting agencies consistent with the Fair Credit Reporting Act, 15 U.S.C. §1681, et seq., as amended. This authorization shall be continuing without expiration and a photocopy or facsimile copy shall be given the same effect as the original.

Guarantor Signature: _____ Date: _____

Guarantor(PrintName): _____
Social Security #: _____