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[safetyzone.com](http://safetyzone.com)

Direct Importers and Manufacturers  
of personal protection equipment for  
safety, medical, food processing  
and food service applications.

## Thank you for your inquiry into opening an account with The Safety Zone, LLC

In order to start this process we would appreciate some financial information from you.

Please completely fill out the attached 2-page credit application. We will also need a copy of your State Resale Certification along with your W-9 Form. This information will be held in strict confidence and will be used for credit purposes only.

Your prompt response will be appreciated, and will help in processing your application in a timely manner. We value the opportunity to serve you and look forward to working together in the future.

Sincerely,  
**The Safety Zone**  
**Credit Department**  
**P.O. Box 449**  
**Guilford, CT 06437**



# The Safety Zone, LLC

P.O. Box 449, Guilford, CT 06437  
Phone: 800-821-5702 Fax: 800-783-2987

## NEW CUSTOMER CREDIT APPLICATION FORM

A full completed application must be submitted every three years.

**CUSTOMER NAME:** \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Address/Special Instructions: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Date Started: \_\_\_\_\_

Type of Ownership:  Individual  Partnership  Corporation  Subsidiary  Branch

Parent Company Name & Address: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Company President: \_\_\_\_\_ Purchasing Contact: \_\_\_\_\_

A/P Contact: \_\_\_\_\_ Purchasing Email: \_\_\_\_\_

Billing Email Address: \_\_\_\_\_

### BANK REFERENCES

Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### TRADE REFERENCES

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

I hereby authorize above references to supply The Safety Zone, LLC with relevant information concerning financial relationships.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

*Please fill out second page*

## OWNER INFORMATION

Principal #1: \_\_\_\_\_

Title: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Address:

Street: \_\_\_\_\_ Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_  Own  Rent

Principal #1: \_\_\_\_\_

Title: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Address:

Street: \_\_\_\_\_ Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_  Own  Rent

## TERMS OF SALE

Upon acceptance of this application by The Safety Zone, LLC the customer agrees to make payment of all invoices by the date due. Normal invoice terms shall be NET 30 DAYS but may be modified on an individual basis at the sole discretion of The Safety Zone, LLC. In the event of default, or non-payment for any reason, the customer will assume responsibility for all reasonable and customary additional expenses necessary in the collection of the debt, including but not limited to attorney fees. The customer also agrees to pay interest on any past due balance in the amount of 1 ½% per month (18% per annum) or the maximum amount allowed by law. The Safety Zone, LLC reserves the right to revoke credit extended at any time and for any reason it deems valid. The business relationship between The Safety Zone, LLC and the customer shall be governed by the laws of the State of Connecticut. All disputes between The Safety Zone, LLC and the customer shall be decided by the Local State or Federal courts of competent jurisdiction in the State of Connecticut. By signing this Application, customer agrees to all the terms above, and authorizes The Safety Zone, LLC to investigate the customer's credit and financial records, including bank references.

Principal #1: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Principal #2: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Are you a member of a buying group?:  Yes  No

Group Name: \_\_\_\_\_

*Application cannot be processed without this information*

## PERSONAL GUARANTEE (NO TITLES)

**In consideration of the extension of credit granted by The Safety Zone, LLC:** I (we) hereby jointly and severally personally unconditionally guarantee the payment of whatever amount shall at any time be owed to The Safety Zone, LLC on account of goods hereafter delivered, whether said indebtedness be in the form of notes, bills or open account. This shall be an open and continuing guarantee and shall continue in force not withstanding any change in the form of such indebtedness or renewals or extensions granted without obtaining any consent thereto and until expressly revoked by written notice from the undersigned as to any indebtedness contracted prior to such revocation. The undersigned additionally jointly and severally unconditionally guarantee the payment of any interest due and all costs of collection, including but not limited to court costs and attorney's fees. The guarantee shall be binding upon ourselves, our heirs, executors, successors and assigns.

Principal #1: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Principal #2: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

## PLEASE MAKE SURE TO REVIEW BELOW CHECKLIST

Prior to extending credit, we need the following information:

- The Safety Zone 2-page application completely filled out & signed.
- A copy of your State Resale Certification.
- W-9 Form
- In the Terms of Sales section, "Are you a member of a buying group" must be filled out.

## FOR OFFICE USE ONLY:

Account Number: \_\_\_\_\_

Credit Limit: \_\_\_\_\_ Terr Number: \_\_\_\_\_

Rep Group Code: \_\_\_\_\_ Buying Group Code: \_\_\_\_\_

Notes: \_\_\_\_\_

Management Approval: \_\_\_\_\_

**ALL ITEMS MUST BE PURCHASED FOR RESALE AND ALL ACCOUNTS ARE CASH OR CREDIT CARD UNTIL CREDIT IS APPROVED.**

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	<b>5</b> Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

<b>Social security number</b>									

**or**

<b>Employer identification number</b>									

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.