

S A F E W A Y S L I N G U. S. A., I N C.

6209 Industrial Court Greendale, WI 53129
Phone: (414) 421-7303 FAX: (414) 421-7523
E-Mail: sales@safewaysling.com WEB: www.safewaysling.com

We thank you for considering our company. If you wish to open an account, we will gladly process the information requested on this form as quickly as possible. Please include a signed and dated sales tax exemption certificate with your application and fax with this completed form to (414) 421-7523. You may substitute your own application if it contains the required data; however, a signed copy of Safeway Sling's Application must be included.

Credit Application

Legal Business Name _____
DBA Name (if different from above): _____
Years in Business: _____ FED I.D.# _____ D&B# _____
Corp. _____ Partnership _____ Individual _____ or _____
Billing Address: _____
Shipping Address: _____
A/P Contact: _____ Telephone: _____ Fax: _____
Purchasing Contact: _____ Telephone: _____ Fax: _____

Please provide a bank reference and three trade references that have extended credit and from whom you have purchased in the last three months.

Bank _____	Acct. No. _____			
Bank Address _____	Bank Telephone # _____			
Contact _____	Bank Fax # _____			
<u>Trade Reference Name</u>	<u>City & State</u>	<u>Telephone #</u>	<u>Fax #</u>	<u>Account #</u>
1. _____				
2. _____				
3. _____				

Buyer confirms that the above information is true and accurate and authorizes Safeway Sling USA, Inc. (hereafter, Safeway) to obtain credit data from the bank and references listed above, and, to periodically recheck data provided.

If given open terms of credit with Safeway, Buyer promises to make all payments within invoice terms of _____ NET 30 _____. If not a corporation, the undersigned personally guarantees payment.

The terms of this agreement take precedence over any term in any document that Buyer provides to Safeway which is inconsistent. This agreement shall be governed by, construed, and enforced in accordance with the laws of the State of Wisconsin. If suit becomes necessary, the Buyer agrees to submit to the jurisdiction of the State of Wisconsin and agrees that the state or federal courts located in Milwaukee County, Wisconsin shall be proper venue for any such litigation. Should non-payment result in collection fees and/or legal or attorney fees and costs, Buyer agrees to the recovery by Safeway of said fees and costs.

Credit privileges may be withdrawn at any time without invalidating the terms of this agreement.

An executed and faxed copy of this Credit Application is recognized as an original for all purposes.

Date _____

Company Name _____

Signature of Company Officer, Owner or Partner _____

Printed Name of the Above _____ Title _____