



Integrated Fire Protection®
THE LIFE SAFETY PROFESSIONALS®

Office Use Only:

Customer #: _____

Salesman #: _____

Name: _____

Account Application

To expedite the processing of your application, please complete all areas of this application. We will notify you if there are any delays caused by lack of response by your credit references. Thank you!

Company Company Legal Name _____ Federal ID # _____

DBA if applicable _____ PO Required Y or N (circle one)

Credit Amount Requested _____ Dun & Bradstreet # _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Accounting Contact: _____ Phone # _____

Purchasing Contact: _____ Phone # _____

Fax # _____ Email: _____

Ship to Address _____

Is this address: Commercial Residential (circle) Date Company Established _____

Terms Requested: Net 30
 COD (Co. Check)

| | | |
|--------------------|-------------------------|-------------------------|
| Owners or Officers | Name: _____ | Name: _____ |
| | Title: _____ | Title: _____ |
| | SS #: _____ | SS #: _____ |
| | Drivers License # _____ | Drivers License # _____ |

Bank Information

Bank Name: _____

Address: _____

City: _____ Sate: _____ Zip: _____

Account: _____ Account Type: _____

Account: _____ Account Type: _____

Bank Contact: _____ Title: _____

Phone # _____ Fax # _____

Integrated Fire Protection, Inc. has my permission to conduct a credit investigation including but not limited to bank and trade references and credit bureaus.

Signed: _____ Title: _____



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| | |
|--|---|
| Trade References <small>(Do not list credit card accounts. They do not share information. Trade references only required for net terms requests.)</small> | Company Name: _____ Contact Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Account # _____ Phone # _____ Fax # _____ |
| | Company Name: _____ Contact Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Account # _____ Phone # _____ Fax # _____ |
| | Company Name: _____ Contact Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Account # _____ Phone # _____ Fax # _____ |
| Please Do Not Collect Sales Tax From Us! We have attached a completed state resale certificate. (Without a form attached IFP will collect appropriate sales tax.) | Number: _____ State: _____ |

I certify that all of the above information is true and correct. Upon approval of credit terms I acknowledge that all open account invoices are due on a net 30-day basis from date of invoice. I understand and agree that Integrated Fire Protection, Inc. has my permission to conduct a credit investigation including but not limited to bank and trade references and credit bureaus. I agree that Integrated Fire Protection, Inc. may assess a late payment fee of 1.5% per month to all past due invoice amounts. In addition, I agree to pay all attorney fees, collection agency fees, and other costs associated with their collection efforts. The laws of the state of Georgia shall govern our relationship and with regard to any law suits filed to collect any indebtedness pertaining to the application. It is agreed that the venue for such legal action shall be Dekalb County, GA.

If your check is dishonored by your bank, your account will be electronically debited for the amount of the check plus the maximum authorized collection fee.

In consideration of Integrated Fire Protection, Inc. extending the undersigned a line of credit or accepting company check or credit card as a form of payment, I personally and severely agree to be personally liable for the amounts owing to Integrated Fire Protection, Inc. Also the undersigned agree that as an authorized signer, if this account goes out of terms, Integrated Fire Protection, Inc. may apply any balance due in areas to any and all credit cards used on the account including but not limited to the following credit card.

Credit Card # _____ Type: _____ Exp Date: _____

Card Holders Name: _____

By: (signature) _____ Date: _____

(Print Name) _____ Drivers Lic. # _____

By: (signature) _____ Date: _____

(Print name) _____ Drivers Lic. # _____

Please return your completed, signed application to IFP • 4487 Park Drive Ste A-1, Norcross, GA 30093 or Fax 770-458-8829