



# Transparent Protection Systems, Inc.

6643 42nd Terrace North • West Palm Beach, FL 33407 • 561-840-9499 • fax: 561-844-2573

NAME OF ACCOUNT	SALES TAX # (PLEASE ATTACH COPY OF TAX CARD)
BILLING ADDRESS	DELIVERY ADDRESS
CITY AND STATE	CITY AND STATE
TELEPHONE	TELEPHONE
TYPE OF BUSINESS	YEARS IN BUSINESS   DATE INCORPORATED STATE

TYPE OF OWNERSHIP (Check box and complete detail where applicable to type of ownership)

CORPORATION

PRESIDENT	VICE PRESIDENT
SECRETARY	TREASURER

PARTNERSHIP

FULL NAME 1.	HOME ADDRESS	HOME TELEPHONE
FULL NAME 2.	HOME ADDRESS	HOME TELEPHONE
FULL NAME 3.	HOME ADDRESS	HOME TELEPHONE
FULL NAME 4.	HOME ADDRESS	HOME TELEPHONE

INDIVIDUAL (Must be completed and signed by the individual)

FULL NAME	HOME ADDRESS	HOME TELEPHONE
SOCIAL SECURITY#	FORMER HOME ADDRESS	BUSINESS TELEPHONE

BANK NAME (Regular checking Only)	ACCOUNT #		
ADDRESS	TELEPHONE	Fax	CONTACT

TRADE REFERENCE NAME 1.	ADDRESS	TELEPHONE	Fax
TRADE REFERENCE NAME 2.	ADDRESS	TELEPHONE	Fax
TRADE REFERENCE NAME 3.	ADDRESS	TELEPHONE	Fax
TRADE REFERENCE NAME 4.	ADDRESS	TELEPHONE	Fax

### TO BE COMPLETED BY A CORPORATE OFFICER, PARTNER, OR OWNER:

I HEREBY CERTIFY THE INFORMATION IN THIS CREDIT APPLICATION TO BE TRUE AND CORRECT AND AUTHORIZE TRANSPARENT PROTECTION SYSTEMS, INC. TO CONTACT THE REFERENCES PROVIDED. IN MAKING THIS APPLICATION WE AGREE TO HONOR THE TERMS OF ALL INVOICES AND SERVICE CHARGES OF 1-1/2% PER MONTH WHICH MAY BE IMPOSED ON PAST DUE INVOICES. IN THE EVENT THAT OUR ACCOUNT IS PLACED FOR COLLECTION WE AGREE TO PAY, IN ADDITION TO THE AMOUNT OWED, ALL COLLECTION FEES, COURT COSTS AND REASONABLE ATTORNEY FEES

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_  
NAME \_\_\_\_\_ DATE \_\_\_\_\_