



Distributor Application For Credit

Please fax completed form to:

SafeHands, Inc
14525 Millikan Way
Beaverton, OR 97005

Fax: 954-208-6610
Tel: 888-338-1338

Business Name _____
 Trade Name _____ SafeHands rep that contacted you _____
 Address _____ State _____ Zip _____
 Phone # _____ Fax # _____
 Federal ID # _____ AR Phone # _____
 Person to contact regarding financial matters _____
 Position _____ Email address where invoices are to be sent _____

Principal Owners or Stockholders

Name _____ Position _____
 Address _____ State _____ Zip _____
 Social Security # _____ Date Business Started _____
 Type of Business _____ We estimate our annual purchases at \$ _____
 We request a credit limit of \$ _____

Please attach a sales tax exemption certificate.

We are required to charge sales tax unless we receive an exemption certificate.

Trade Credit References

Name 1 _____
 Address _____ State _____ Zip _____
 Phone # _____ Fax # _____
Name 2 _____
 Address _____ State _____ Zip _____
 Phone # _____ Fax # _____
Name 3 _____
 Address _____ State _____ Zip _____
 Phone # _____ Fax # _____

Bank References

Bank Name _____ Account # _____ Phone # _____
 Bank Name _____ Account # _____ Phone # _____

The undersigned acknowledge that this is an application for credit and does not constitute a commitment by SafeHands, Inc. ("SHI") to extend credit to the applicant. SHI shall extend credit at its sole discretion, and SHI may terminate any credit arrangement extended at any time. The applicant acknowledges that in the event credit is extended, such credit is being extended for commercial purposes. The undersigned represents that they are duly authorized to enter into contractual obligations on behalf of the business listed above. The applicant authorizes SHI to investigate all credit references and any other matters pertaining to the financial responsibility of the applicant. The applicant authorizes the above listed banks and trade creditors to release complete information requested by SHI for the purpose of credit evaluation.

GUARANTY: In consideration for the extension of credit by SHI to the business identified above, the undersigned hereby certify the truthfulness of all statements appearing on this credit application. The undersigned applicant hereby promises to timely pay all amounts due SHI when due and owing and the undersigned guarantors, jointly and severally guarantee the payment of all amounts owing by the applicant to SHI for credit extended by SHI. In the event of non-payment of credit extended by SHI to the applicant, the applicant and the guarantors hereby authorize any attorney admitted in Maryland to appear for and on behalf of the applicant and the guarantors and to confess judgment against the applicant and/or the guarantors for all amounts extended as credit by SHI to the applicant, plus all accrued interest, reasonable attorney fees and court costs. The applicant and guarantors agree that jurisdiction and venue shall be proper in Palm Beach, County, Florida.

INTEREST: Payment on all credited purchases is due in full Thirty (30) days following shipment. If payment is not received on or before the date, it becomes due, SHI reserves the right to charge interest at a rate of 18% per annum (1.5% per month) until the total amount due and owing is paid in full.

DEFAULT: In the event this account is placed in the hands of an attorney or collection agency, for collection or suit, I or we agree and promise to pay interest and reasonable attorneys fees. It is further understood that this agreement for credit and interest will be governed by the laws of the State of Florida.

Date _____ Guarantor _____ Applicant _____
 Date _____ Guarantor _____ Applicant _____