

# Race401 CREDIT APPLICATION

P.O. Box 949

Provo, Utah 84603

801-491-2100 Fax 801 489-6077

Page 1 of 2

\_\_\_\_\_  
Company Name Phone Number Fax Number

\_\_\_\_\_  
Billing Address

\_\_\_\_\_  
Shipping Address

\_\_\_\_\_  
City State Zip City State Zip

Type of Ownership:  Corporation  Partnership  Sole proprietor  Government  Non-Profit

Years in business: \_\_\_\_\_

Web page \_\_\_\_\_ e-mail \_\_\_\_\_

(CREDIT CARD APPLICATION GO TO PAGE 2)

## Bank References

1. \_\_\_\_\_  
Name Phone Number Fax Number  
Account Number \_\_\_\_\_ Contact: \_\_\_\_\_

## Open Accounts References

1. \_\_\_\_\_  
Name Phone Number Fax Number  
Address City State Zip

2. \_\_\_\_\_  
Name Phone Number Fax Number  
Address City State Zip

3. \_\_\_\_\_  
Name Phone Number Fax Number  
Address City State Zip

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

Inter Office Use Only DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
CREDIT LIMIT: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_

www.race401.com

**CREDIT CARD PURCHASES MUST COMPLETE AUTHORIZATION FOR CREDIT CARD**

Select one: \_\_\_\_\_ VISA \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express \_\_\_\_\_ Discover  
 Card Number: XXX Please give CC# at time of purchase. We do not store any CC#s \_\_\_\_\_  
 Expiration Date: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ I Authorize my account charged for all monies owed on open purchase orders  
 Card Holder's Name: First \_\_\_\_\_ Last \_\_\_\_\_  
 Statement Billing Address (please print): \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Card Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The undersigned certifies that the above information is true and correct and agrees to pay for all goods purchased in compliance with the terms of the seller.

The undersigned authorizes race401 to investigate credit background on anyone who submits an application for credit, through credit agencies and references listed herein and for all references to release any and all information. The undersigned releases Race401 from all liabilities resulting from any information released or obtained.

The undersigned releases Race401 from all liabilities resulting from any damages caused, whether used with the correctness for the emergency medical use and fitness for any purpose of use is the sole responsibility of the user. Manufacturer makes no warranty of any kind, express or implied, concerning the use of this product. Buyer assumes all risks in use or handling whether in accordance with instructions or not. Application of this product must conform with known, safe emergency medical procedures.

**Confidential Information:** In connection with this Agreement, Recipient hereby covenants and agrees that it will keep confidential and will not disclose "Confidential Information" received from race401 to any person or company not specifically authorized to learn or receive such information. "Confidential Information" means all information reasonably related to race401 patents, patents pending, trade secrets, design and manufacturing process, business plan, and business operations including, but not limited to, documents, customer lists, business applications, contractual obligations, sales channel structure, pricing structure, dates and commission information. "Confidential Information" also includes (a) documents or other tangible materials marked CONFIDENTIAL, or (b) orally transmitted information or information transmitted by any other intangible form that a reasonable person would understand to be confidential information.

Authorized buyers: \_\_\_\_\_

Full Name of Company \_\_\_\_\_

Purchased Orders are required: Yes No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Printed Name & Title